South Dakota Medicaid Physician Services Fee Schedule

Effective July 1, 2023

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: https://dss.sd.gov/docs/medicaid/modifiers.pdf.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: https://dss.sd.gov/medicaid/providers/billingmanuals/. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual. **Changes to current fees are indicated in red**

The rate of payment for "Price by Report" is generally 40% of the usual and customary charge as established in ARSD 67:16:02:03.

Code	Description	Fee	Prior Auth Status
01999	Description Unlisted Anesthesia Procedure(S)	Price By Report	Prior Auth Status
10004	Fine Needle Aspiration Of Additional Lesion	\$47.03	
10005	Fine Needle Aspiration Of First Lesion Using Ultrasound Guidance	\$145.31	
10006	Fine Needle Aspiration Of Additional Lesion Using Ultrasound Guidance	\$62.31	
10007	Fine Needle Aspiration Of First Lesion Using Fluoroscopic Guidance	\$290.71	
10008	Fine Needle Aspiration Of Additional Lesion Using Fluoroscopic Guidance	\$158.55	
	Fine Needle Aspiration Of First Lesion Using Ct Guidance	\$321.99	
10010	Fine Needle Aspiration Of Additional Lesion Using Ct Guidance	\$257.32	
10011	Fine Needle Aspiration Of First Lesion Using Mr Guidance	\$166.77	
	Fine Needle Aspiration Of Additional Lesion Using Mr Guidance	\$166.77	
10021	Fine Needle Aspiration Of First Lesion	\$106.89	
10030	Fluid Collection Drainage Of Soft Tissue By Catheter Using Imaging Guidance, Accessed Through The Skin	\$679.51	
10035	Placement Of Soft Tissue Localization Device Accessed Through The Skin With Imaging Guidance, First Lesion	\$409.48	
10036	Placement Of Soft Tissue Localization Device Accessed Through The Skin With Imaging Guidance	\$308.54	
10040	Acne Surgery (Eg, Marsupialization, Opening Or Removal Of Multiple Milia, Comedones, Cysts, Pustules)	\$99.05	
	Incision And Drainage Of Abscess (Eg., Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or	****	
10060	Paronychia); Simple Or Single	\$108.19	
	Incision And Drainage Of Abscess (Eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or		
10061	Paronychia); Complicated Or Multiple	\$193.46	
10080	Drainage Of Tailbone Cyst, Uncomplicated	\$181.77	
10081	Drainage Of Tailbone Cyst, Complicated	\$244.67	· · · · · · · · · · · · · · · · · · ·
10120	Removal Of Foreign Body From Tissue, Accessed Beneath The Skin, Simple	\$159.21	
10121	Removal Of Foreign Body From Tissue, Accessed Beneath The Skin, Complex	\$266.11	
10140	Incision And Drainage Of Hematoma, Seroma Or Fluid Collection	\$179.25	
10160	Aspiration Of Abscess, Blood Accumulation, Blister, Or Cyst	\$125.24	· · · · · · · · · · · · · · · · · · ·
10180	Incision And Drainage, Complex, Postoperative Wound Infection	\$235.90	
11000	Removal Of Inflamed Or Infected Skin, Up To 10% Of Body Surface	\$55.51	
	Debridement Of Extensive Eczematous Or Infected Skin; Each Additional 10% Of The Body Surface, Or Part Thereof (List Separately In		
11001	Addition To Code For Primary Procedure)	\$24.98	
11004	Removal Of Infected Skin, Tissue Or Muscle Of Genitals	\$561.69	
	Removal Of Infected Skin, Tissue Or Muscle Of Abdomen	\$754.55	
11006	Removal Of Infected Skin, Tissue Or Muscle Of Genitals, Perineum, Or Abdomen	\$687.39	
	Removal Of Prosthetic Material Or Mesh, Abdominal Wall For Infection (Eg, For Chronic Or Recurrent Mesh Infection Or Necrotizing Soft		
11008	Tissue Infection) (List Separately In Addition To Code For Primary Procedure)	\$238.95	
	Debridement Including Removal Of Foreign Material At The Site Of An Open Fracture And/Or An Open Dislocation (Eg, Excisional	* * * * * * * * * * * * * * * * * * *	
11010	Debridement); Skin And Subcutaneous Tissues	\$468.80	
11011	Removal Of Foreign Material From Skin, Tissue, And Muscle At Open Fracture And/Or Dislocation	\$519.71	
	Removal Of Foreign Material From Skin, Tissue, Muscle, And Bone At Open Fracture And/Or Dislocation	\$702.86	
	Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); First 20 Sq Cm Or Less	\$90.93	
11043	Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If Performed); First 20 Sq Cm Or Less Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed); First 20 Sq Cm Or Less	\$241.72	
11044	Debridement, Subcutaneous Tissue (Includes Epidermis, Subcutaneous Tissue, Wuscie Androir Pascia, il Performed), First 20 Sq Cm, Or Part Thereof (List	\$287.75	
11045	Separately In Addition To Code For Primary Procedure)	\$41.83	
11043	Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If Performed); Each Additional 20 Sq Cm, Or	φ41.03	
11046	Part Thereof (List Separately In Addition To Code For Primary Procedure)	\$74.47	
	Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed); Each Additional 20 Sq Cm, Or	Ψ1-1-11	
11047	Part Thereof (List Separately In Addition To Code For Primary Procedure)	\$121.65	
11055	Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); Single Lesion	\$51.18	
11056	Removal Of 2 To 4 Thickened Skin Growths	\$59.03	
11057	Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); More Than Four Lesions	\$71.10	
11102	Tangential Biopsy Of Single Skin Lesion	\$98.65	
11103	Tangential Biopsy Of Additional Skin Lesion	\$35.83	
11104	Punch Biopsy Of Single Skin Lesion	\$98.65	
11105	Punch Biopsy Of Additional Skin Lesion	\$41.66	
11106	Incisional Biopsy Of Single Skin Lesion	\$110.75	
	Incisional Biopsy Of Additional Skin Lesion	\$64.22	
11200	Removal Of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Up To And Including 15 Lesions,	\$78.14	
	Removal Of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Each Additional 10 Lesions, Or Part Thereof (List Separately In Addition To	1	
11201	Code For Primary Procedure)	\$18.67	
11300	Shaving Of 0.5 Centimeters Or Less Skin Growth Of The Trunk, Arms, Or Legs	\$72.28	
11301	Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs	\$92.54	
144000	Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs	\$97.56	
11302			i —
11303	Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs	\$129.55	
11303 11305	Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals	\$75.73	
11303	Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals		
11303 11305	Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals	\$75.73	
11303 11305 11306	Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals	\$75.73 \$96.83	

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1912 Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth \$125.16
11400 Removal Of Growth (0.5 Centimeters) Of The Trunk, Arms, Or Legs \$126.25
11402 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Trunk, Arms, Or Legs \$170.09 11403 Removal Of Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs \$185.23 11404 Removal Of Growth (3.1 To 4.0 Centimeters) Of The Trunk, Arms, Or Legs \$185.26 11406 Removal Of Growth (4.0 Centimeters) Of The Trunk, Arms, Or Legs \$294.09 11420 Removal Of Growth (0.5 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$120.63 11421 Removal Of Growth (0.5 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$154.86 11422 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$154.86 11423 Removal Of Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$175.64 11424 Removal Of Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$186.05 11425 Removal Of Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$186.05 11426 Removal Of Growth (0.4 To 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$186.05 11427 Removal Of Growth (0.5 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$142.83 11448 Removal Of Growth (0.5 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.25 11449 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.00 11440 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.00 11441 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.00 11442 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.00 11443 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.00 11444 Removal Of Sikin And Tissue Beneath The Sikin Of Underams For Excessive Sweating, Simple \$302.88 11446
11403 Removal Of Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs \$185.23 11404 Removal Of Growth (3.1 To 4.0 Centimeters) Of The Trunk, Arms, Or Legs \$155.36 11406 Removal Of Growth (0.5 Centimeters) Of The Trunk, Arms, Or Legs \$294.09 114100 Removal Of Growth (0.5 Centimeters) Of The Trunk, Arms, Or Legs \$294.09 11410 Removal Of Growth (0.5 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$120.63 11421 Removal Of Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$154.86 11422 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$173.64 11423 Removal Of Growth (1.2 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$143.19 11424 Removal Of Growth (1.3 To 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$143.19 11426 Removal Of Growth (1.3 To 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$143.19 11427 Removal Of Growth (1.0 Sentimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$143.19 11428 Removal Of Growth (1.0 Sentimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$227.72 11440 Removal Of Growth (0.5 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$227.72 11441 Removal Of Growth (1.0 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$142.83 11442 Removal Of Growth (1.5 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.00 11443 Removal Of Growth (1.5 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.00 11444 Removal Of Growth (1.5 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.00 11445 Removal Of Skin And Tissue Beneath The Skin Of Underarms For Excessive Sweating, Simple \$302.89 11451 Removal Of Skin And Tissue Beneath The Skin Of Underarms For Excessive Sweating, Simple \$302.89 11462 Removal Of Skin And Tissue Beneath The
11406 Removal Of Growth (3.1 To 4.0 Centimeters) Of The Trunk, Arms, Or Legs \$294.09 \$29
11420 Removal Of Growth (0.5 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$120.63 11421 Removal Of Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$154.86 11422 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$154.86 11422 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$173.64 11423 Removal Of Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$173.64 11424 Removal Of Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$160.05 11426 Removal Of Growth (0.2 To 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$160.05 11426 Removal Of Growth (0.5 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$227.72 11440 Removal Of Growth (0.5 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$142.83 11441 Removal Of Growth (0.6 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$169.25 11442 Removal Of Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.80 11443 Removal Of Growth (1.1 To 3.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$189.80 11444 Removal Of Growth (1.1 To 3.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$172.33 11444 Removal Of Growth (1.1 To 3.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth \$195.68 11446 Removal Of Skin And Tissue Beneath The Skin Of Underarms For Excessive Sweating, Simple \$302.89 11451 Removal Of Skin And Tissue Beneath The Skin Of Underarms For Excessive Sweating, Simple \$302.89 11462 Removal Of Skin And Tissue Beneath The Skin Of Underarms For Excessive Sweating, Simple \$302.81 11463 Removal Of Skin And Tissue Beneath The Skin Of Inderarms For Excessive Sweating, Simple \$306.00 11464 Removal Of Skin And Tissue Beneath The Skin Of Indera
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11470 Removal Of Skin And Tissue Beneath The Skin Of Anus Or Navel For Excessive Sweating, Simple \$406.03 11471 Removal Of Skin And Tissue Beneath The Skin Of Anus Or Navel For Excessive Sweating, Complex \$479.48 11600 Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Trunk, Arms, Or Legs \$188.79 11601 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Trunk, Arms, Or Legs \$217.37 11602 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Trunk, Arms, Or Legs \$1774.10 11603 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs \$192.93 11604 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Trunk, Arms, Or Legs \$222.86 11606 Removal Of Malignant Growth (0.5 Centimeters) Of The Trunk, Arms, Or Legs \$392.58 11620 Removal Of Malignant Growth (0.5 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$177.81 11624 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$239.52 11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$239.52 11624 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$279.13 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$279.13
11471 Removal Of Skin And Tissue Beneath The Skin Of Anus Or Navel For Excessive Sweating, Complex \$479.48 11600 Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Trunk, Arms, Or Legs \$188.79 11601 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Trunk, Arms, Or Legs \$217.37 11602 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Trunk, Arms, Or Legs \$174.10 11603 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs \$192.93 11604 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Trunk, Arms, Or Legs \$222.86 11606 Removal Of Malignant Growth (0.5 Centimeters) Of The Trunk, Arms, Or Legs \$392.58 11620 Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals 11621 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11622 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11624 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals
11601 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Trunk, Arms, Or Legs \$217.37 11602 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Trunk, Arms, Or Legs \$174.10 11603 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs \$192.93 11604 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Trunk, Arms, Or Legs \$222.86 11606 Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Trunk, Arms, Or Legs \$392.58 11620 Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals \$177.81 11621 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$218.02 11622 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$239.52 11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$279.13 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$316.68
11602 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Trunk, Arms, Or Legs \$174.10 11603 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs \$192.93 11604 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Trunk, Arms, Or Legs \$222.86 11606 Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Trunk, Arms, Or Legs \$392.58 11620 Removal Of Malignant Growth (0.5 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$177.81 11621 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$218.02 11622 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$239.52 11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$239.52 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$279.13 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$316.68
11603 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs \$192.93 11604 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Trunk, Arms, Or Legs \$222.86 11606 Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Trunk, Arms, Or Legs \$392.58 11620 Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals \$177.81 11621 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$218.02 11622 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$239.52 11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$279.13 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$316.68
11604 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Trunk, Arms, Or Legs \$222.86 11606 Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Trunk, Arms, Or Legs \$392.58 11620 Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals \$177.81 11621 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$218.02 11622 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$239.52 11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$279.13 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$316.68
11606 Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Trunk, Arms, Or Legs 11620 Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals 11621 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11622 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals 11625 Scalp, Neck, Hands, Feet, Or Genitals 11626 Scalp, Neck, Hands, Feet, Or Genitals 11627 Scalp, Neck, Hands, Feet, Or Genitals 11628 Scalp, Neck, Hands, Feet, Or Genitals 11629 Scalp, Neck, Hands, Feet, Or Genitals
11620Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals\$177.8111621Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals\$218.0211622Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals\$239.5211623Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals\$279.1311624Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals\$316.68
11621 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$218.02 11622 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$239.52 11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$279.13 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$316.68
11622 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$239.52 11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$279.13 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$316.68
11623 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$279.13 11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$316.68
11624 Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals \$316.68
11626 Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals
11640 Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Face, Ears, Eyelids, Nose, Or Lips \$194.02
11641 Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips \$234.95
11642 Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips \$264.73
11643 Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips \$296.59
11644 Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips \$364.26
11646 Removal Of Malignant Growth (Over 4.0 Centimeters) of The Face, Ears, Eyelids, Nose, Or Lips \$442.82
11720 Debridement Of Nail(S) By Any Method(S); One To Five \$31.01
11721 Debridement Of Nail(S) By Any Method(S); Six Or More \$44,04
11730 Separation Of Single Nail Plate From Nail Bed \$99.63
11732 Separation Of Additional Nail Plate From Nail Bed \$26.88
11740 Evacuation Of Subungual Hematoma \$44.08
11750 Removal Of Nail \$170.11
11755 Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) \$96.13 11760 Repair Of Nail Bed \$195.03
11760 Neplain Or Nati Deut \$195.03
11762 Reconstruction of National \$275.95
11770 Removal Of Tailbone Cyst, Simple \$323.58
11770 Removal Of Tailbone Cyst, Simple \$323.58 11771 Removal Of Tailbone Cyst, Extensive \$434.22
11772 Removal Of Tailbone Cyst, Extensive \$434.22
1117/2 Institutoral of ratiourie Cyst, Complicated \$353.34 11900 Injection, Intralesional; Up To And Including Seven Lesions \$\$4.41
11901 Injection, Intralesional; More Than Seven Lesions \$68.03
Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm
11920 Or Less \$183.91
11921 Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect \$204.11 PA Req
Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; Each
11922 Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) \$60.51
11950 Subcutaneous Injection Of "Filling" Material (Eg, Collagen); 1 Cc Or Less \$74.52
11951 Injection Of 1.1 To 5.0 Cc Filling Material, Beneath The Skin \$99.30 PA Req
11952 Subcutaneous Injection Of "Filling" Material (Eg, Collagen); 5.1 To 10.0 Cc \$132,36
11954 Injection Of Over 10.0 Cc Filling Material, Beneath The Skin \$145.78 PA Req
11954Injection Of Over 10.0 Cc Filling Material, Beneath The Skin\$145.78PA Req11960Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion\$687.99
11954 Injection Of Over 10.0 Cc Filling Material, Beneath The Skin \$145.78 PA Req 11960 Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion \$687.99 11970 Replacement Of Tissue Expander With Permanent Implant \$570.80 PA Req
11954Injection Of Over 10.0 Cc Filling Material, Beneath The Skin\$145.78PA Req11960Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion\$687.9911970Replacement Of Tissue Expander With Permanent Implant\$570.80PA Req11971Removal Of Tissue Expanders\$369.42
11954Injection Of Over 10.0 Cc Filling Material, Beneath The Skin\$145.78 PA Req11960Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion\$687.9911970Replacement Of Tissue Expander With Permanent Implant\$570.80 PA Req11971Removal Of Tissue Expanders\$369.4211976Removal, Implantable Contraceptive Capsules\$147.95
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11954 Injection Of Over 10.0 Cc Filling Material, Beneath The Skin \$145.78 PA Req 11960 Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion \$687.99 Replacement Of Tissue Expander With Permanent Implant \$570.80 PA Req 11971 Removal Of Tissue Expanders \$359.42 11976 Removal, Implantable Contraceptive Capsules \$147.95 11980 Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin) \$87.05 11981 Insertion, Non-Biodegradable Drug Delivery Implant \$104.15 11982 Removal, Non-Biodegradable Drug Delivery Implant \$116.52
11954 Injection Of Over 10.0 Cc Filling Material, Beneath The Skin \$145.78 PA Req 11960 Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion \$687.99 Replacement Of Tissue Expander With Permanent Implant \$570.80 PA Req 11971 Removal Of Tissue Expanders \$359.42 11976 Removal, Implantable Contraceptive Capsules \$147.95 11980 Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin) \$87.05 11981 Insertion, Non-Biodegradable Drug Delivery Implant \$104.15 11982 Removal, Non-Biodegradable Drug Delivery Implant \$116.52
11954 Injection Of Over 10.0 Cc Filling Material, Beneath The Skin \$145.78 PA Req 11960 Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion \$687.99 Replacement Of Tissue Expander With Permanent Implant \$570.80 PA Req 11971 Removal Of Tissue Expanders \$369.42 11976 Removal, Implantable Contraceptive Capsules \$147.95 11980 Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin) \$87.05 11981 Insertion, Non-Biodegradable Drug Delivery Implant \$110.52 11983 Removal, Won-Biodegradable Drug Delivery Implant \$145.88
11954 Injection Of Over 10.0 Cc Filling Material, Beneath The Skin \$145.78 PA Req 11960 Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion \$687.99 11970 Replacement Of Tissue Expander With Permanent Implant \$570.80 PA Req 11971 Removal Of Tissue Expanders \$369.42 11976 Removal, Implantable Contraceptive Capsules \$147.95 11980 Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin) \$87.05 11981 Insertion, Non-Biodegradable Drug Delivery Implant \$104.15 11982 Removal, Non-Biodegradable Drug Delivery Implant \$116.52 11983 Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant \$145.88 12001 Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Neck, Underarms, Trunk, Arms And/Or Legs \$97.71
11954 Injection Of Over 10.0 Cc Filling Material, Beneath The Skin 11960 Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion 11970 Replacement Of Tissue Expander With Permanent Implant 11971 Removal Of Tissue Expanders 11976 Removal, Implantable Contraceptive Capsules 11976 Removal, Implantable Contraceptive Capsules 11980 Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin) 11981 Insertion, Non-Biodegradable Drug Delivery Implant 11982 Removal, Non-Biodegradable Drug Delivery Implant 11982 Removal, Won-Biodegradable Drug Delivery Implant 11983 Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant 12001 Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs 11983 Repair Of Wound (7.6 To 12.5 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs 11984 Repair Of Wound (7.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs 11985 Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs 11986 Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs 11987 Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs 11987 Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs 11988 Removal Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs 11988 Removal Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs 11989 Removal Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs
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11954 Injection Of Over 10.0 Cc Filling Material, Beneath The Skin \$145.78 PA Req 11960 Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion \$687.99 11970 Replacement Of Tissue Expander With Permanent Implant \$570.80 PA Req 11971 Removal Of Tissue Expanders \$369.42 11976 Removal, Implantable Contraceptive Capsules \$147.95 11980 Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin) \$87.05 11981 Insertion, Non-Biodegradable Drug Delivery Implant \$104.15 11982 Removal, Non-Biodegradable Drug Delivery Implant \$116.52 11983 Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant \$116.52 11983 Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant \$145.88 12001 Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Neck, Underarms, Trunk, Arms And/Or Legs \$17.23 12002 Repair Of Wound (2.6 To 7.5 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs \$117.23 12004 Repair Of Wound (2.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs \$135.67 12006 Repair Of Wound (2.10 To 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs \$183.76 12007 Repair Of Wound (2.10 To 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs \$183.76 12007 Repair Of Wound (2.10 To 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs \$183.76 12007 Repair Of Wound (2.0 To 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs \$183.76 12007 Repair Of Wound (2.0 To 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs \$183.76 12007 Repair Of Wound (2.0 To 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs \$183.76 12007 12007 12007 12007 12007 12007 12007 12007 12007 12
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Code	Description	Fee	Prior Auth Status
12014	Repair Of Wound (5.1 To 7.5 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$128.91	
12015	Repair Of Wound (7.6 To 12.5 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$156.89	
12016	Repair Of Wound (12.6 To 20.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$212.11	
12017	Repair Of Wound (20.1 To 30.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$148.22	
12018	Repair Of Wound (Over 30.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$150.99	
12020	Treatment Of Superficial Wound Dehiscence; Simple Closure	\$208.94	
12021	Treatment Of Superficial Wound Dehiscence; With Packing	\$121.78	
	Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs		
12031		\$221.32	
12032	Repair Of Wound (2.6 To 7.5 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$293.85	
12034	Repair Of Wound (7.6 To 12.5 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$288.52	
12035	Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$269.37	
12036	Repair Of Wound (20.1 To 30.0 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$297.59	
12037	Repair Of Wound (Over 30.0 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$331.45	
12041	Repair Of Wound (2.5 Centimeters Or Less) Of Neck, Hands, Feet, And/Or Genitals	\$223.55	
12042	Repair Of Wound (2.6 To 7.5 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$278.59	
12044	Repair Of Wound (7.6 To 12.5 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$266.43	
12045	Repair Of Wound (12.6 To 20.0 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$282.41	
12046	Repair of Wound (20.1 To 30.0 Centimeters) Of Neck, Hands, Feet, And/Or Genitals		
	, , , , , , , , , , , , , , , , , , , ,	\$437.45	
12047	Repair Of Wound (Over 30.0 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$513.57	
12051	Repair Of Wound (2.5 Centimeters Or Less) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$259.91	
12052	Repair Of Wound (2.6 To 5.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$287.11	
12053	Repair Of Wound (5.1 To 7.5 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$255.14	
12054	Repair Of Wound (7.6 To 12.5 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$268.46	
12055	Repair Of Wound (12.6 To 20.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$350.00	
12056	Repair Of Wound (20.1 To 30.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$547.55	
12057	Repair Of Wound (Over 30.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$576.50	
13100	Repair, Complex, Trunk; 1.0 Cm To 2.5 Cm	\$305.74	
13101	Repair, Complex, Trunk; 2.5 Cm To 7.5 Cm	\$383.95	
13101	Repair, Complex, Trunk, Each Additional 5 Cm Or Less (List Separately In Addition To Code For Primary Procedure)	\$109.16	
	Repair Of Wound (1.1 To 2.5 Centimeters) Of Scalp, Arms, And/Or Legs	\$109.16	
13120	Repair Of Wound (1.1 To 2.5 Centimeters) Of Scalp, Arms, And/Or Legs Repair Of Wound (2.6 To 7.5 Centimeters) Of Scalp, Arms, And/Or Legs		
13121	, , , ,	\$425.40	
13122	Repair Of Wound Of Scalp, Arms, And/Or Legs	\$132.60	
13131	Repair Of Wound (1.1 To 2.5 Centimeters) Of Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet	\$353.42	
13132	Repair Of Wound (2.6 To 7.5 Centimeters) Of Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet	\$498.92	
13133	Repair Of Wound Of Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet	\$176.72	
13151	Repair Of Wound (1.1 To 2.5 Centimeters) Of Eyelids, Nose, Ears, And/Or Lips	\$405.17	
13152	Repair Of Wound (2.6 To 7.5 Centimeters) Of Eyelids, Nose, Ears, And/Or Lips	\$555.44	
13153	Repair Of Wound Of Eyelids, Nose, Ears, And/Or Lips	\$191.42	
13160	Secondary Closure Of Surgical Wound Dehiscence, Extensive Or Complicated	\$817.29	
14000	Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect Up To 10 Sq Cm	\$559.96	
14001	Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect 10 Sq Cm To 30 Sq Cm	\$750.36	
14020	Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of The Scalp, Arms, And/Or Legs	\$481.10	
14020	Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of The Scalp, Arms, And/Or Legs	\$658.77	
14021	Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters Or Less) Of The Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands,	φυσο.77	
14040	And/Or Feet	¢=70.20	
14040		\$579.38	
4 40 44	Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of The Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, April OF Each Control of the Control	₽ 7 00 €4	
14041	And/Or Feet	\$782.51	
14060	Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of Eyelids, Nose, Ears, And/Or Lips	\$664.91	
14061	Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of Eyelids, Nose, Ears, And/Or Lips	\$917.87	
14301	Adjacent Tissue Transfer Or Rearrangement, Any Area; Defect 30.1 Sq Cm To 60.0 Sq Cm	\$1,121.11	
14302	Tissue Transfer Repair Of Wound (30.0 Sq Centimeters)	\$214.95	
14350	Filleted Finger Or Toe Flap, Including Preparation Of Recipient Site	\$643.50	
15002	Preparation Of Graft Site At Trunk, Arms, Or Legs (First 100 Sq Cm Or 1% Body Area Infants And Children)	\$335.69	
15003	Preparation Of Graft Site At Trunk, Arms, Or Legs	\$71.67	
	Preparation Of Graft Site Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes		
15004	(First 100 Sq Cm Or 1% Body Area Of Infants And Children)	\$273.05	
15005			
	Preparation Of Graft Site Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes	\$123.17	
15040	Preparation Of Graft Site Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less		
		\$123.17	
	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less	\$123.17	
15040 15050	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm	\$123.17 \$251.00	
15040 15050 15100	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children)	\$123.17 \$251.00 \$558.59 \$895.68	
15040 15050 15100 15101	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children)	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00	
15040 15050 15100 15101 15110	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53	
15040 15050 15100 15101	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children), Outer Layer	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00	
15040 15050 15100 15101 15110 15111	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Prams, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00	
15040 15050 15100 15101 15110	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children)	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53	
15040 15050 15100 15101 15110 15111 15115	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs, Cadditional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00	
15040 15050 15100 15101 15110 15111 15115	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00	
15040 15050 15100 15101 15110 15111 15115 15116	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Grist 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93	
15040 15050 15100 15101 15110 15111 15115	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children)	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00	
15040 15050 15100 15101 15110 15111 15115 15116	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children)) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children))	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55	
15040 15050 15100 15101 15110 15111 15115 15116 15120	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Prams, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children)	\$123.17 \$251.00 \$558.59 \$895.68 \$117.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90	
15040 15050 15100 151101 15111 151115 15116 15120 15121 15130	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children)	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90	
15040 15050 15100 15101 15110 15111 15115 15116 15120	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Deep Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Deep Layer	\$123.17 \$251.00 \$558.59 \$895.68 \$117.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90	
15040 15050 15100 15101 15111 15115 15116 15120 15121 15130	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Deep Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Deep Layer Deep Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90 \$220.88 \$674.95 \$88.10	
15040 15050 15100 151101 15111 151115 15116 15120 15121 15130	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Epids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Epids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90	
15040 15050 15100 15101 15110 15111 15115 15116 15120 15121 15130 15131	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 10	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90 \$220.88 \$674.95 \$88.10	
15040 15050 15100 15101 15110 15111 15115 15116 15120 15131 15135 15136	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Ne	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90 \$220.88 \$674.95 \$88.10 \$817.09	
15040 15050 15100 15101 15110 15111 15115 15116 15120 15121 15130 15131	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90 \$220.88 \$674.95 \$88.10	
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15040 15050 15100 15101 15111 15115 15116 15120 15121 15130 15131 15135 15136 15150	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90 \$220.88 \$674.95 \$88.10 \$817.09	
15040 15050 15100 15101 15111 15115 15116 15120 15121 15130 15131 15135 15136 15150	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90 \$220.88 \$674.95 \$88.10 \$817.09	
15040 15050 15100 15101 15111 15115 15116 15120 15121 15130 15131 15135 15136 15150 15151	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft Turnk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Ey	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90 \$220.88 \$674.95 \$88.10 \$817.09 \$87.11 \$644.00 \$104.87	
15040 15050 15100 15101 15111 15115 15116 15120 15130 15131 15135 15136 15150 15151	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Outer Layer Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm, Or 1% Body Area Of Infants And Children), Deep Layer Deep Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or 1% Body	\$123.17 \$251.00 \$558.59 \$895.68 \$197.00 \$863.53 \$112.00 \$742.93 \$148.55 \$675.90 \$220.88 \$674.95 \$88.10 \$817.09 \$87.11 \$644.00 \$104.87	

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15.05 Additional 1 Stg. Chi To 7 Stg. Chill Tissue During Will Will Provide Child Provide Chil				
10.1721 Confession Comp. Comp. Sept. Sports. Machin. Noted, Earn. Eye Region. Germans. Forced. Amon. Proc. Manages regions Col 1969 10.102	15156		\$140.72	
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Sport	15201	Addition To Code For Primary Procedure)	\$132.34	
Section O' Préfert Bin To Frontand, Charle, Chin, Mulh, Nock, Undersom, Geritals, Hands, And O' Fedd (20 Sq. Currentino O' Luss) \$500, 50	15220	Relocation Of Patient Skin (20 Sq Centimeters Or Less) To Scalp, Arms, And/Or Legs	\$680.46	
Section O' Préfert Bin To Frontand, Charle, Chin, Mulh, Nock, Undersom, Geritals, Hands, And O' Fedd (20 Sq. Currentino O' Luss) \$500, 50	15221	Relocation Of Patient Skin To Scalp, Arms, And/Or Legs	\$137.70	

	15240	Relocation Of Patient Skin To Forehead Cheeks Chin Mouth Nack Undergree Genitals Hands And/Or Feet (20 Sq Centimeters Or Less)	\$036.00	
15250 Relocation Of Pietrer Stat To Nose, Earn, Eprida, And/OL Ups (20 S Q certimeters OL Leas) 5715.00				
15281 Reincontent O' Ferliner Sim: To Nome. Enter. Epriller. Annibol Upo.				
1927 Application O'S Bills Substation (Works Staffetts) E. 19 10 10 10 10 10 10 10	15260	Relocation Of Patient Skin To Nose, Ears, Eyelids, And/Or Lips (20 Sq Centimeters Or Less)	\$715.90	
1927 Application O'S Bins Statement (Wound Surface by 16 to 16 stg. (m) 10 Torks, Arm. O'L tage (Frest 10 Stg. On O'L tested)	15261	Relocation Of Patient Skin To Nose, Ears, Eyelids, And/Or Lips	\$193.85	
Section State Section State Section State Section	15271	Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Trunk, Arms, Or Legs (First 25 Sq Cm Or Less)		
Application Of Storn Substations (Wound Surface Order for Equal *10 10 St Com To Trush, Amer. Dol. Lago (First 10 St Sc Don Th's Body Area St 20 22 Communication (Communication Surface Order for Expan *1 to 10 St Com To Trush, Amer. Dol. Lago (First 10 St Sc Don To Trush, Amer.) (First 10 St Don To Trush, Amer.) (First 10 St Sc Don To Trush, Amer.) (Firs				
	13272		\$20.09	
1927 Application Of Start Substituting World Startings Created For Equal 1 of 100 SQ Cm) To Trunk, Arms, Or Legal Application Of Start Substituting World Starting Lord SQ Cm) For Exp. Exp. Exp. Eyelds, Mount, Nuck, Ears, Eye Region, Gentials, Hands, Fare, And Ch. Malphe Frights Or To Loss (Free 2 SQ Cm) or Loss) 1922 1922 1923 1924 19				
Application Of Sam Substatible (World Surface Up To 100 Sq Cm) To Face, Scab, Eyeldis, Mouth, Nock, Ean, Eye Region, Gentals, Hards, Application Of Sam Substation (World Surface Up To 100 Sq Cm) To Face, Scab, Eyeldis, Mouth, Nack, Ean, Eye Region, Gentals, Hards, Application Of Sam Substation (World Surface Up To 100 Sq Cm) To Face, Scab, Eyeldis, Mouth, Nack, Ean, Eye Region, Application Of Sam Substation (World Surface Up To 100 Sq Cm) To Face, Scab, Eyeldis, Mouth, Nack, Ean, Eye Region, Application Of Sam Substation (World Surface Surface Up To 100 Sq Cm) To Face, Scab, Eyeldis, Mouth, Nack, Ean, Eye Region, Application Of Sam Substation (World Surface Surface Up To Face), Scab, Eyeldis, Mouth, Nack, Ean, Eye Region, Application Of Sam Substation (World Surface Surface Up To Face), Scab, Eyeldis, Mouth, Nack, Ean, Eye Region, Application Of Sam Substation (World Surface Surface Up To Face), Scab, Eyeldis, Mouth, Nack, Ean, Eye Region, Application Of Sam Substation (World Surface Surface Up To Face), Scab, Eyeldis, Mouth, Nack, Ean, Eye Region, Application Of Tails Gain Substation (World Surface Surface Up To Face), Scab, Eyeldis, Mouth, Nack, Ean, Eye Region, Application Of Tails Gain Substation (World Surface Surface Up To Face), Scab, Eyeldis, Mouth, Nack, Lean, Eye Region, Application Of Tails Gain Substation (World Surface), Scab, Eyeldis, Mouth, Nack, Lean, Eye Region, Application (Tail Surface), Scab, Scab, Eyeldis, Mouth, Nack, Lean, Eyeldis, Scab, Sca				
15275 Field, And/Or Multiple Fingers O'T one (Fire 28 Sq. Cm) Or Less) Application O'S Sim Substitution (Windows Strate Dr. 10 OS Cm) To Faco, Scalp, Eyeldids, Mouth, Nock, Ears, Eye Region, Genitals, Hands, Fire, And/Or Multiple Fingers O'T one (Fire 28 March 10 OS) Application O'S Sim Substitution (Windows Strate Control 10 OS) Application O'S Sim Substitution (Windows Strate Control 10 OS) Application O'S Sim Substitution (Windows Strate Control 10 OS) Application O'S Sim Substitution (Windows Strate Control 10 OS) Application O'S Sim Substitution (Windows Strate Control 10 OS) Application O'S Sim Substitution (Windows Strate Control 10 OS) Application O'S Sim Substitution (Windows Strate Control 10 OS) Application O'S Sim Strate (Windows Strate Contr	15274	Application Of Skin Substitute (Wound Surface Greater Or Equal To 100 Sq Cm) To Trunk, Arms, Or Legs	\$75.21	
Application Of Shin Substantine (Wound Surface by To 100 Sq. Cm) To Face, Sacy By Region, Gentals, Hands, Application Of Shin Substantine (Wound Surface Come Trun) From Trun 100 Sq. Cm) To Face, Sacy Co. (1) To Face, Sac		Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands,		
Application Of Skin Substitute (World Surface by To 100 Sq Cm) To Face, Scale, Eyeldis, Mouth, Nack, Eass, Eye Region, Gentals, Hands,	15275	Feet, And/Or Multiple Fingers Or Toes (First 25 Sq Cm Or Less)	\$167.85	
		Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Face, Scalp, Evelids, Mouth, Neck, Ears, Eve Region, Genitals, Hands.	·	
Application Of Sien Substitute (Wound Surface Great Than O' Equal To 100 Sq Cmr To Face, Scale, Eyelist, Mouth, Neck, Enn. Eye Region, Scale 150 Commission (Part Bod) Annual Internal And Challeton (Part Bod) Annual Internal Annual Internal Annual Internal Annual Internal Annual Internal Inte	15276		\$33.35	
15,277 Certain C. File Graft Telepark C. Telepar	13270		ψ00.00	
Application Of Sain Substatute (Wound Surface Great Than O'F Equal To 100 Sq Cmrl To Face, Scalp, Eyeldes, Mouth, Neck, Ears, Eye Region, 1907.	450		***	
19278 Gerhalds, Hands, Feet, AnADO' Matiple Fregores O' Tows 380.42	152/7		\$361.50	
State State	Ī			
Section Of Fisip Graft To Scalp, Arms, Or Logs Sait 1.47	15278		\$90.26	
Section Of Fisip Graft To Scalp, Arms, Or Logs Sait 1.47	15570	Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Trunk	\$844.17	
Teach of Flas Graft To Forchead, Chenks, Chin, Morth, Nock, Underarms, Genizals, Hands, Or Feet \$318.74				
155776 Ceasion Of Fiso Graft To Eyelids, Nose, Ears, Line, Or Mouth \$735.00		1 1		
1980 Oley Of Flap Of Sectioning OF Flap (Division And Inselt), AT runk \$3.21.74				
Transfer Of Sin Flip To Forbread, Chesk, Chin, Neck, Underams, Gentals, Hands, Or Feet \$421.81	15600	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Trunk	\$321.74	
Transfer Of Sin Flip To Forbread, Chesk, Chin, Neck, Underams, Gentals, Hands, Or Feet \$421.81	15610	Transfer Of Skin Flap To Scalp, Arms, Or Legs	\$348.15	
Transfer Of Sian Flap To Eyelisk, Nose, Ears, Or Lips \$462.25			*	
Transfer Intermediate, Of Any Pedicile Flag (Eg. Abdomen To Wrist, "Walking" Tube), Any Location \$4,05.1				
15733 MacRo Mycutaneous OF Teag Graft To Head And/OF Neck \$1.055.48	15730	Creation Of Flap Graft To Midface	\$1,361.09	
15733 Miscle, Myccutaneous, O'Fraciocutaneous Flap Turnk	15731	Creation Of Flap Graft To Nose, Forehead, Temple, Or Scalp	\$1,162.98	
		Creation Of Flap Graft To Head And/Or Neck		
Muscle, Myccuraneous, Or Fasciocuraneous Flap Upper Extremity \$1,228.71		· · · · · · · · · · · · · · · · · · ·		
15738 Muscle, Myocutaneous, Or Fasciocutaneous Flap Lower Extremity \$1,048.31				
15770 Flap: Island Pedicile Requiring Identification And Dissection Of An Anatomically Named Asial Vessel \$3.47.76				
15756 Paper Pape	15738	Muscle, Myocutaneous, Or Fasciocutaneous Flap Lower Extremity	\$1,283.87	
15756 Creation Of Muscle Or Muscle And Skin Graft With Reattachment Of Small Blood Vessels \$2,313.12 15757 Creation Of Skin Graft With Reattachment Of Small Blood Vessels \$2,302.96 15758 Creation Of Skin Graft With Reattachment Of Small Blood Vessels \$2,022.42 15758 Creation Of Farous Muscle Covering (Fascia) Graft With Reattachment Of Small Blood Vessels \$2,072.42 15759 Graft Composite (Full Thickness Of Externel Ear Or Nasal Ala), Including Primary Closure, Donor Area \$2,072.42 15750 Grafting Of Patient Soft Tissue, Harvested By Direct Excision \$489.78 PA Required 15770 Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cubic Centimeters Or Less \$591.08 PA Required 15771 Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cubic Centimeters Or Less \$591.08 PA Required 15772 Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalis, Hands, And/Or Feet; 25 Cc Or Less Injectate \$556.66 15773 Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalis, Hands, And/Or Feet; Each Additional 15774 Code For Primary Procedure) \$510.57 15775 Implantation Of Exilipate Intellegation Of	15740	Flap; Island Pedicle Requiring Identification And Dissection Of An Anatomically Named Axial Vessel	\$1,004.93	
15756 Creation Of Muscle Or Muscle And Skin Graft With Reattachment Of Small Blood Vessels \$2,313,12	15750	Flap; Neurovascular Pedicle	\$847.76	
15757 Creation Of Skin Graft With Reatstachment Of Small Blood Vessels \$2,302.86		Creation Of Muscle Or Muscle And Skin Graft With Reattachment Of Small Blood Vessels		
15758 Creation Of Fibrous Muscle Covering (Fascia) Graft With Reattachment Of Small Blood Vessels \$2,072.42 15769 Gaffr Composite (Full Intichness Of Esternal Ear Or Nasal Ala), Including Primary Closure, Donor Area \$787.53 15769 Gaffr Composite (Full Intichness Of Esternal Ear Or Nasal Ala), Including Primary Closure, Donor Area \$787.53 15769 Gaffring Of Patient Soft Tissue, Harvested By Direct Excision \$489.78 PA Required 15770 Grating Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cubic Centimeters Or Less \$391.00 PA Required 15771 Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; Additional 50 Cubic Centimeters Or Less 15772 Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; Additional 50 Cubic Centimeters Or Less 15773 Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; Additional 50 Cubic Centimeters Or Less 15774 Sci. Cor Less Injectates 15775 Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Gentialia, Hands, And/Or Feet; 26 Cor Less 15774 25 Cor Less Injectates 15774 25 Cor Less Injectates 15775 Code For Primary Procedure) Sci. Code 15775 Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Gentialia, Hands, And/Or Feet; Each Additional 5170.57 15776 Code For Primary Procedure) Sci. Code 15776 Code For Primary Procedure) Sci. Code 15777 Code For Primary Procedure) Sci. Code Sci. Code 15778 Sci. Code				
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15770 Creation Of Skin, Fat And Muscle Graft 15771 Grating Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cubic Centimeters Or Less 15772 Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; Additional 50 Cubic Centimeters Or Less 15773 Injectate 15773 Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; 25 Cc Or Less Injectate 15774 Injectate Injectate 15775 Injectate Injectate 15775 Injectate Injectate 15776 Injectate Injectate 15776 Injectate Injectate 15776 Injectate Injectate 15777 Injectate Injectate 15777 Injectate Injectate 15777 Injectation Of Biologic Implant (Eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (Eg, Breast, Trunk) (List Separately In Addition To Code For Primary Procedure) 15777 Injectate Injectate 15778 Injectate Injectate 15778 Injectation Of Biologic Implant (Eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (Eg, Breast, Trunk) (List Separately In Addition To S213.29 15778 Injectation Of Artificial Material For Delayed Closure Of Defects Due To Soft Tissue Infection Or Trauma 15778 Injectation Of Artificial Material For Delayed Closure Of Defects Due To Soft Tissue Infection Or Trauma 15781 Repair Of Defatched Refulls, 1 Of More Sessions 15782 Scraping Of Skin Off The Entire Face 15783 Scraping Of Skin Offer Than The Face 15783 Scraping Of Skin Offer Than The Face 15783 Scraping Of Skin Offer Than The Face 15784 Abrasion; Single Lesion (Eg, Keratosis, Scar) 15785 Abrasion; Each Additional Four Lesions Of Less (List Separately In Addition To Code For Primary Procedure) 15786 Abrasion; Single Lesion (Eg, Keratosis, Scar) 15787 Abrasion; Each Additional Four Lesions Of Less (List Separately In Addition To Code For Primary Procedure) 15788 Chemical Peel Of Skin Of Face, Outer Layer 15789 Chemical Peel Of Skin Of Face, Outer Layer 15890 Chemical Peel Of Skin Of Face, Outer Layer 15891 Chemical Peel Of Skin Of Face, O	15760		\$787.53	
15771 Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cubic Centimeters Or Less \$184.45 PA Required \$15722 Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; Additional 50 Cubic Centimeters Or Less \$184.45 PA Required \$15725 Injectate \$15725 Injectation Of Biologic Implant (Eg., Acellular Dermal Matrix) For Soft Tissue Reinforcement (Eg. Breast, Trunk) (List Separately In Addition To Code For Primary Procedure) \$213.29 \$15728 Injectate Injectation Of Tartificial Material For Detayed Closure Of Defects Due To Soft Tissue Infection Or Trauma \$213.29 \$15728 Injectate Injectate Injectate Injectation Or Trauma \$213.29 \$15728 \$	15769	Grafting Of Patient Soft Tissue, Harvested By Direct Excision	\$489.78	PA Required
15772 Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; Additional 50 Cubic Centimeters Or Less 15773 Injectate 15773 Injectate 15774 Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; 25 Cc Or Less 15774 Injectate Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; Each Additional 15774 25 Cc Or Less Injectate 15776 Injentation Of Biologic Implant (Eg., Aceilular Dermal Matrix) For Soft Tissue Reinforcement (Eg., Breast, Trunk) (List Separately in Addition To 15777 Code For Primary Procedure) 15778 Inplantation Of Artificial Material For Delayed Closure Of Defects Due To Soft Tissue Infection Or Trauma 15781 Repairation Of Artificial Material For Delayed Closure Of Defects Due To Soft Tissue Infection Or Trauma 15781 Repairation Of Artificial Material For Delayed Closure Of Defects Due To Soft Tissue Infection Or Trauma 15781 Repair Of Detached Retina, 1 Or More Sessions 15782 Scraping Of Sist Of The Entire Face 15783 Scraping Of Sist Of The Entire Face 15783 Scraping Of Sist Of Style (Superficial) 15783 Scraping Of Sist Of Style (Superficial) 15784 Abrasion; Single Lesion (Eg., Keratosis, Scar) 15785 Abrasion; Single Lesion (Eg., Keratosis, Scar) 15786 Abrasion; Sangle Lesion (Eg., Keratosis, Scar) 15787 Abrasion; Each Additional Four Lesions Or Less (List Separately in Addition To Code For Primary Procedure) 15788 Chemical Peel Of Sist Of Face, Outer Layer 15789 Chemical Peel Of Sist Of Face, Outer Layer 15789 Chemical Peel Of Sist Of The Ence, Outer Layer 15780 Chemical Peel Of Sist Of The Ence, Outer Layer 15780 Chemical Peel Of Sist Of The Ence, Outer Layer 15780 Chemical Peel Of Sist Of Stephana Peel Of Sist Of Face, Outer Layer 15780 Chemical Peel Of Sist Of Stephana Peel Of Sist Of Face, Outer Layer 15780 Chemical Peel Of Sist Of Stephana Peel Of Sist Of Face, Outer Layer 15880 Elephanoplasty, Lower Eyelid; 1588	15770	Creation Of Skin, Fat And Muscle Graft	\$600.57	
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Code	Description	Fee	Prior Auth Status
15837	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Forearm Or Hand	\$803.20	PA Required
15838	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Submental Fat Pad	\$594.88	PA Required
15839	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Other Area	\$604.82	PA Required
15840	Fibrous Tissue Graft To Relieve Or Reactivate Facial Paralysis	\$931.99	
15841	Muscle Graft To Relieve Or Reactivate Facial Paralysis	\$1,617.54	
15842	Microsurgical Muscle Graft To Relieve Or Reactivate Facial Paralysis	\$2,445.61	
15845	Regional Muscle Transfer To Relieve Or Reactivate Facial Paralysis	\$968.96	
15851	Removal Of Sutures Under Anesthesia (Other Than Local), Other Surgeon	\$75.34	
15852	Dressing Change (For Other Than Burns) Under Anesthesia (Other Than Local)	\$46.11	
15853	Removal Of Sutures Or Staples	\$10.18	
15854	Removal Of Sutures And Staples	\$14.25	
15860	Intravenous Injection Of Agent (Eg, Fluorescein) To Test Vascular Flow In Flap Or Graft	\$105.79	
15876	Suction Assisted Lipectomy; Head And Neck	Price By Report	PA Required
15877	Suction Assisted Lipectomy; Trunk	Price By Report	
15878	Suction Assisted Lipectomy; Upper Extremity	Price By Report	
15879	Suction Assisted Lipectomy; Lower Extremity	Price By Report	PA Required
15920	Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Primary Suture	\$441.43	
15922	Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Flap Closure	\$731.55	
15931	Excision, Sacral Pressure Ulcer, With Primary Suture;	\$470.35	
15933	Excision, Sacral Pressure Ulcer, With Primary Suture; With Ostectomy	\$746.11	
15934	Excision, Sacral Pressure Ulcer, With Skin Flap Closure;	\$809.07	
15935	Excision, Sacral Pressure Ulcer, With Skin Flap Closure; With Ostectomy	\$1,057.05	
15936	Excision, Sacral Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure;	\$928.43	
15937	Excision, Sacral Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure; With Ostectomy	\$1,057.19	
15940	Excision, Ischial Pressure Ulcer, With Primary Suture;	\$501.93	
15941	Excision, Ischial Pressure Ulcer, With Primary Suture; With Ostectomy (Ischiectomy)	\$946.11	
15944	Excision, Ischial Pressure Ulcer, With Skin Flap Closure;	\$856.09	
15945	Excision, Ischial Pressure Ulcer, With Skin Flap Closure; With Ostectomy	\$933.59	
15946	Excision, Ischial Pressure Ulcer, With Ostectomy, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure	\$1,563.31	
15950	Excision, Trochanteric Pressure Ulcer, With Primary Suture;	\$429.28	
15951	Excision, Trochanteric Pressure Ulcer, With Primary Suture; With Ostectomy	\$826.37	
15952	Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure;	\$838.53	
15953	Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure; With Ostectomy	\$924.32	
15956	Excision, Trochanteric Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure;	\$1,065.98	
15958	Excision, Trochanteric Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure; With Ostectomy	\$1,087.61	
	Unlisted Procedure, Excision Pressure Ulcer		
15999	Initial Treatment, First Degree Burn, When No More Than Local Treatment Is Required	Price By Report	
16000		\$66.84	
16020	Dressing Change And/Or Removal Of Burn Tissue (Less Than 5% Total Body Surface)	\$92.51	
40005	Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Medium (Eg, Whole Face Or Whole Extremity, Or 5% To	¢400.04	
16025	10% Total Body Surface Area) Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Large (Eq., More Than One Extremity, Or Greater Than 10%	\$108.01	
16030	Total Body Surface Area)	\$134.67	
16035	Initial Incision Of Burn Tissue	\$172.81	
	Additional Incision Of Burn Tissue		
16036	Destruction Of Skin Growth	\$70.20	
17000	Destruction By Any Method, Including Laser, With Or Without Surgical Curettement, All Benign Or Premalignant Lesions (Eg, Actinic	\$73.46	
17003	Keratoses) Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions, Including Local Anesthesia; 2 - 14 Each.	¢7.27	
17003	Destruction Of 15 Or More Premalignant Skin Growths	\$7.27 \$178.84	
17106	Destruction Of 13 Of More Premainghant Skin Growns Destruction Of Cutaneous Vascular Proliferative Lesions (Eg, Laser Technique); Less Than 10 Sq Cm	\$357.15	
17107	Destruction Of Cutaneous Vascular Proliferative Lesions (Eq. Laser Technique); 10.0 - 50.0 Sq Cm	\$464.54	
17108	Destruction Of Cutaneous Vascular Proliferative Lesions (Eg. Laser Technique); Over 50.0 Sq Cm	\$652.10	
17 100	Destruction (Eg., Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Of Benign Lesions Other Than Skin Tags	ψ032.10	
17110	Or Cutaneous Vascular Proliferative Lesions; Up To 14 Lesions	\$96.06	
17111	Destruction Of 15 Or More Non-Cancerous Skin Growths	\$117.55	
	Application Of Chemical Agent To Excessive Wound Tissue	\$72.80	
17260	Destruction Of Malignant Growth (0.5 Centimeters Or Less) Of Trunk, Arms, Or Legs	\$92.86	
17261	Destruction of Malignant Growth (0.6 To 1.0 Centimeters) of Trunk, Arms, or Legs	\$133.08	
17262	Destruction Of Malignant Growth (1.1 To 2.0 Centimeters) Of Trunk, Arms, Or Legs	\$167.45	
17263	Destruction Of Malignant Growth (2.1 To 3.0 Centimeters) Of Trunk, Arms, Or Legs	\$152.44	
17264	Destruction Of Malignant Growth (3.1 To 4.0 Centimeters) Of Trunk, Arms, Or Legs	\$196.20	
17266	Destruction Of Malignant Growth (Over 4.0 Centimeters) Of Trunk, Arms, Or Legs	\$222.81	
17270	Destruction Of Malignant Growth (0.5 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals	\$141.33	
17271	Destruction Of Malignant Growth (0.6 To 1.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals	\$171.80	
17272	Destruction Of Malignant Growth (1.1 To 2.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals	\$179.08	
17273	Destruction Of Malignant Growth (2.1 To 3.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals	\$197.95	
17274	Destruction Of Malignant Growth (3.1 To 4.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals	\$231.11	
17276	Destruction Of Malignant Growth (Over 4.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals	\$267.98	
17280	Destruction Of Malignant Growth (0.5 Centimeters Or Less) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$147.82	
17281	Destruction Of Malignant Growth (0.6 To 1.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$189.40	
17282	Destruction Of Malignant Growth (1.1 To 2.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$216.31	
17283	Destruction Of Malignant Growth (2.1 To 3.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$229.14	
17284	Destruction Of Malignant Growth (3.1 To 4.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$260.35	
17286	Destruction Of Malignant Growth (Over 4.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$332.57	
17311	Removal And Microscopic Examination Of Growth Of The Head, Neck, Hands, Feet, Or Genitals (First Stage, Up To 5 Tissue Blocks)	\$488.09	
17312	Removal And Microscopic Examination Of Growth Of The Head, Neck, Hands, Feet, Or Genitals	\$285.41	
17313	Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (First Stage, Up To 5 Tissue Blocks)	\$627.95	
17314	Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (Additional Stage, Up To 5 Tissue Blocks)	\$372.83	
17315	Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (Additional Stage, After First 5 Tissue Blocks)	\$72.31	
17340	Cold Treatment Of Acne	\$52.05	
17360	Chemical Treatment Of Acne	\$114.84	
17999	Skin, Mucus Membrane And Beneath The Skin Procedure	Price By Report	
18223	Patient Not Documented To Have Received Prescription For Antiplatelet Therapy At Discharge	Price By Report	
19000	Puncture Aspiration Of Cyst;	\$109.55	
19001	Puncture Aspiration Of Cyst Of Breast; Each Additional Cyst (List Separately In Addition To Code For Primary Procedure)	\$24.77	
19020	Mastotomy With Exploration Or Drainage Of Abscess, Deep	\$325.89	

Code	Description	Fee	Prior Auth Status
19030	Injection Procedure Only For Mammary Ductogram Or Galactogram	\$116.59	
19081	Biopsy Of Breast Accessed Through The Skin With Stereotactic Guidance, First Lesion	\$576.09	
19082	Biopsy Of Breast Accessed Through The Skin With Stereotactic Guidance, Additional Lesion	\$432.73	
19083	Biopsy of Breast Accessed Through The Skin With Ultrasound Guidance, First Lesion	\$573.62	
19083	Biopsy of Breast Accessed Through The Skin With Ultrasound Guidance, Additional Lesion	\$428.72	
19085	Biopsy Of Breast Accessed Through The Skin With Mri Guidance, First Lesion	\$874.24	
19086	Biopsy Of Breast Accessed Through The Skin With Mri Guidance, Additional Lesion	\$605.93	
19100	Biopsy Of Breast; Percutaneous, Needle Core, Not Using Imaging Guidance (Separate Procedure)	\$106.66	
19101	Biopsy Of Breast, Open Procedure	\$310.58	
19105	Ablation, Cryosurgical, Of Fibroadenoma, Including Ultrasound Guidance, Each Fibroadenoma	\$2,375.09	
19110	Nipple Exploration, With Or Without Excision Of A Solitary Lactiferous Duct Or A Papilloma Lactiferous Duct	\$335.79	
	Excision Of Lactiferous Duct Fistula	\$436.57	
19112		·	
19120	Removal Of 1 Or More Breast Growth, Open Procedure	\$468.95	
19125	Removal Of Breast Growth, Open Procedure	\$385.06	
19126	Removal Of Growth Of Chest Wall And Ribs, Open Procedure	\$140.41	
19281	Placement Of Breast Localization Devices Accessed Through The Skin With Mammographic Guidance, First Lesion	\$207.68	
19282	Placement Of Breast Localization Devices Accessed Through The Skin With Mammographic Guidance, Additional Lesion	\$165.19	
19283	Placement Of Breast Localization Devices Accessed Through The Skin With Stereotactic Guidance, First Lesion	\$251.46	
19284	Placement Of Breast Localization Devices Accessed Through The Skin With Stereotactic Guidance, Additional Lesion	\$188.96	
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19285	Placement Of Breast Localization Devices Accessed Through The Skin With Ultrasound Guidance, First Lesion	\$405.94	
19286	Placement Of Breast Localization Devices Accessed Through The Skin With Ultrasound Guidance, Additional Lesion	\$307.78	
19287	Placement Of Breast Localization Devices Accessed Through The Skin With Mri Guidance, First Lesion	\$644.67	
19288	Placement Of Breast Localization Devices Accessed Through The Skin With Mri Guidance, Additional Lesion	\$502.26	
	Preparation Of Tumor Cavity And Placement Of Radiation Therapy Applicator Into Breast For Radiation Therapy Concurrent With Partial Breast		-
19294	Removal	\$143.90	
	Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application		
19296	Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy	\$3,815.40	
	Placement of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application	Ψ5,010.40	
19297	Following Partial Mastectomy, Includes Imaging Guidance; Concurrent With Partial Mastectomy (List Sep	\$82.27	
	Insertion Of Catheters Into Breast For Radiation Therapy With Or After Breast Removal Using Imaging Guidance		
19298		\$857.00	D. D
19300	Mastectomy For Gynecomastia		PA Required
19301	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy);	\$434.26	
19302	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy); With Axillary Lymphadenectomy	\$902.51	
19303	Mastectomy, Simple, Complete	\$627.71	
19305	Removal Of Breast, Lymph Nodes, And Muscle	\$1,029.24	
19306	Removal Of Breast, Skin, Lymph Nodes, And Chest Muscles	\$1,098.04	
13300	Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With Or Without Pectoralis Minor Muscle, But Excluding Pectoralis Major	Ψ1,030.04	
40007	Mascle Musica Kadical, including Axiliary Lyriph Nodes, with Or Willout Fectoralis Million Muscle, but Excluding Fectoralis Major Muscle	£4.470.0F	
19307		\$1,176.25	
19316	Repair For Sagging Of The Breast		PA Required
19318	Breast Reduction		PA Required
19325	Insertion Of Breast Implant	\$562.72	PA Required
19328	Removal Of Intact Breast Implant	\$480.11	PA Required
19330	Removal Of Ruptured Breast Implant And Implant Material	\$589.73	PA Required
19340	Immediate Insertion Of Breast Implant On Same Day As Mastectomy		PA Required
19342	Delayed Insertion Of Breast Implant After Mastectomy		PA Required
19350	Nipple/Areola Reconstruction		PA Required
19355	Correction Of Inverted Nipples		PA Required
19357	Reconstruction Of Breast Using Tissue Expander		PA Required
19361	Reconstruction Of Breast With Back Muscle Flap		PA Required
19364	Reconstruction Of Breast With Free Flap		PA Required
19367	Reconstruction Of Breast With Abdominal Muscle Flap	\$1,606.82	PA Required
19368	Reconstruction Of Breast With Single-Based Abdominal Muscle Flap	\$1,967.24	PA Required
19369	Reconstruction Of Breast With Double-Based Abdominal Muscle Flap	\$1,828.47	PA Required
19370	Surgical Change To Tissue Capsule Surrounding Breast Implant		PA Required
19371	Removal Of Entire Tissue Capsule Surrounding Breast Implant		PA Required
	Surgical Change To Reconstructed Breast		PA Required
	Preparation Of Moulage For Custom Breast Implant		PA Required
	Unlisted Procedure, Breast		i / Nequileu
		Price By Report	
	Exploration Of Penetrating Wound (Separate Procedure); Neck	\$623.06	
	Exploration Of Penetrating Wound (Separate Procedure): Chest	\$420.12	
	Exploration Of Penetrating Wound Of Abdomen, Flank, Or Back	\$465.52	
	Exploration Of Penetrating Wound (Separate Procedure); Extremity	\$564.04	
20150	Excision Of Epiphyseal Bar, With Or Without Autogenous Soft Tissue Graft Obtained Through Same Fascial Incision	\$907.88	
	Biopsy, Muscle; Superficial	\$153.76	
	Biopsy, Muscle; Deep	\$210.92	
	Needle Biopsy Of Muscle, Accessed Through The Skin		
		\$164.07	
20220	Biopsy, Bone, Trocar Or Needle Superficial (Eg, Ilium, Sternum, Spinous Process, Ribs)	\$170.00	
20225	Biopsy, Bone, Trocar, Or Needle; Deep (Eg, Vertebral Body, Femur)	\$280.59	
20240	Biopsy Of Bone, Open Procedure, Superficial	\$143.44	
20245	Biopsy Of Bone, Open Procedure, Deep	\$304.06	
20250	Biopsy Of Spine Bone At Middle Spinal Column, Open Procedure	\$385.22	
20251	Biopsy Of Spine Bone At Upper Or Lower Spinal Column, Open Procedure	\$377.42	
20500	Injection Of Sinus Tract; Therapeutic (Separate Procedure)	\$114.84	
	Injection of Sinus Tract; Diagnostic (Sinogram)		
20501		\$104.75	
20520	Removal Of Foreign Body In Muscle; Simple	\$151.65	
20525	Removal Of Foreign Body In Muscle; Deep Or Complicated	\$325.96	
20526	Injection, Therapeutic (Eg, Local Anesthetic, Corticosteroid), Carpal Tunnel	\$86.74	
20527	Injection Of Enzyme In Palm Tissue	\$80.31	
20550	Injections Of Tendon Sheath, Ligament, Or Muscle Membrane	\$59.40	-
20551	Injection(S); Single Tendon Origin/Insertion	\$60.36	
20552	Injection(S); Single Or Multiple Trigger Point(S), One Or Two Muscle(S)	\$55.64	
20552	Injection(S), Single Of Multiple Trigger Point(S), One Of Two Muscle(S)	\$64.12	
20000	Placement Of Needles Or Catheters Into Muscle And/Or Soft Tissue For Subsequent Interstitial Radioelement Application (At The Time Of Or	φ 04 .12	
20555		#000 c=	
20555	Subsequent To The Procedure)	\$309.35	
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20600	Aspiration And/Or Injection Of Small Joint Or Joint Capsule	\$54.92	

Code	Description	Fee	Prior Auth Status
20604	Aspiration And/Or Injection Of Small Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance	\$78.89	
20605	Aspiration And/Or Injection Of Medium Joint Or Joint Capsule	\$56.73	
20606	Aspiration And/Or Injection Of Intermediate Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance	\$86.88	
20610	Aspiration And/Or Injection Of Large Joint Or Joint Capsule	\$66.92	
20611	Aspiration And/Or Injection Of Major Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance	\$99.09	
20612	Aspiration And/Or Injection Of Ganglion Cyst(S) Any Location	\$57.06	
20615	Aspiration And Injection For Treatment Of Bone Cyst Insertion Of Wire Or Pin For Skeletal Traction, Including Removal (Separate Procedure)	\$239.52	
20650 20660	Application Of Cranial Tongs, Caliper, Or Stereotactic Frame, Including Removal (Separate Procedure)	\$153.68 \$206.80	
20661	Application of Halo; Cranial	\$442.08	
20662	Application of Halo; Pelvic	\$477.73	
20663	Application Of Halo; Femoral	\$440.81	
20000	Application Of Halo, Including Removal, Cranial, 6 Or More Pins Placed, For Thin Skull Osteology (Eg, Pediatric Patients, Hydrocephalus,	φ++0.01	
20664	Osteogenesis Imperfecta)	\$777.87	
20665	Removal Of Tongs Or Halo Applied By Another Individual	\$109.70	
20670	Removal Of Implant; Superficial, (Eg, Buried Wire, Pin Or Rod) (Separate Procedure)	\$386.39	
20680	Removal Of Implant; Deep, (Eg, Buried Wire, Pin, Screw, Metal Band, Nail, Rod Or Plate)	\$617.47	
20690	Application Of A Uniplane (Pins Or Wires In One Plane), Unilateral, External Fixation System	\$397.38	
20692	Application Of A Multiplane (Pins Or Wires In More Than One Plane), Unilateral, External Fixation System (Eg, Ilizarov, Monticelli Type)	\$1,099.75	
20693	Adjustment Or Revision Of External Fixation System Requiring Anesthesia (Eg, New Pin(S) Or Wire(S) And/Or New Ring(S) Or Bar(S))	\$408.03	
20694	Removal, Under Anesthesia, Of External Fixation System	\$294.67	
20696	Application Of Multiplane External Bone Fixation System On One Arm Or Leg With Imaging And Alignment	\$1,075.84	
	Application Of Multiplane (Pins Or Wires In More Than One Plane), Unilateral, External Fixation With Stereotactic Computer-Assisted	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20697	Adjustment (Eg, Spatial Frame), Including Imaging; Exchange (Ie, Removal And Replacement) Of Strut, Each	\$1,846.87	
20700	Preparation And Insertion Of Drug-Delivery Devices Beneath Fibrous Covering Of Muscle	\$84.26	
20701	Removal Of Drug-Delivery Devices From Beneath Fibrous Covering Of Muscle	\$63.13	
20702	Preparation And Insertion Of Drug-Delivery Devices Into Marrow Cavity Of Bone	\$127.66	
20703	Removal Of Drug-Delivery Devices From Marrow Cavity Of Bone	\$92.83	
20704	Preparation And Insertion Of Drug-Delivery Devices Into Joint	\$145.80	
20705	Removal Of Drug-Delivery Devices Into Joint	\$110.72	
20802	Replantation, Arm; Complete	\$2,464.05	
20805	Replantation, Forearm (Includes Radius And Ulna To Radial Carpal Joint); Complete Amputation	\$2,924.34	
20808	Replantation, Hand; Complete	\$3,525.09	
20816	Replantation, Digit; Complete	\$1,844.88	
20822	Replantation, Digit, Excluding Thumb (Includes Distal Tip To Sublimis Tendon Insertion); Complete Amputation	\$1,597.16	
20824	Replantation Of Amputated Thumb Between Wrist And Base Of Thumb	\$1,848.47	
20827	Replantation Of Amputated Thumb Between Base Of Thumb And Tip Of Thumb	\$1,639.08	
20838	Replantation, Foot; Complete	\$2,505.07	
20900	Bone Graft, Any Donor Area; Minor Or Small (Eg, Dowel Or Button)	\$333.38	
20902	Bone Graft, Any Donor Area; Major Or Large	\$276.22	
20910	Cartilage Graft; Costochondral	\$415.93	
20912	Cartilage Graft; Nasal Septum	\$445.20	
20920	Fascia Lata Graft; By Stripper	\$368.79	
20922	Fascia Lata Graft; By Incision And Area Exposure, Complex Or Sheet	\$442.84	
20924	Tendon Graft, From A Distance (Eg, Palmaris, Toe Extensor, Plantaris)	\$463.52	
20930	Fragmented Donor Bone Graft Or Placement Of Material To Promote Bone Growth For Spine Surgery	\$202.89	PA Required
20931	Structural Donor Bone Graft For Spine Surgery		PA Required
20932	Donor Bone And Joint Graft To Joint Surface And Neighboring Bone	\$671.72	·
20933	Half-Cylindrical Donor Bone Graft	\$616.68	
20934	Cylindrical Donor Bone Graft	\$671.07	
	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From		DA Boquirod
20936	Same Incision (List Separately In Addition To Code For Primary Procedure)	\$250.62	PA Required
	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In		
20937	Addition To Code For Primary Procedure)	\$160.98	
	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial		
20938	Incision) (List Separately In Addition To Code For Primary Procedure)	\$157.72	
20939	Harvest Of Bone Marrow For Spine Surgery Graft	\$68.34	PA Required
20050	Monitoring Of Interstitial Fluid Pressure (Includes Insertion Of Device Eg, Wick Catheter Technique, Needle Manometer Technique) In	#400 C1	
20950	Detection Of Muscle Compartment Syndrome Bone Graft With Microvascular Anastomosis; Fibula	\$188.81 \$2.405.43	
20955	Bone Graft With Microvascular Anastomosis; Fibula Bone Graft With Microvascular Anastomosis; Iliac Crest	\$2,495.43	
20956 20957	Bone Graft With Microvascular Anastomosis; filac Crest Bone Graft With Microvascular Anastomosis; Metatarsal	\$2,370.29 \$2,469.50	
20957	Bone Graft With Microvascular Anastomosis; Metatarsal Bone Graft With Microvascular Anastomosis; Other Than Fibula, Iliac Crest, Or Metatarsal	\$2,469.50 \$2,400.64	
20962	Free Osteocutaneous Flap With Microvascular Anastomosis; Other Than Flouia, mac Crest, Or Metatarsal, Or Great Toe	\$2,400.64 \$2,750.94	
	Free Osteocutaneous Flap With Microvascular Anastoniosis, Other Than had Grest, Metatarsal, Or Great Toe Free Osteocutaneous Flap With Microvascular Anastomosis; Iliac Crest	\$2,750.94 \$2,554.93	
20970 20972	Free Osteocutaneous Flap With Microvascular Anastomosis; filac Crest Free Osteocutaneous Flap With Microvascular Anastomosis; Metatarsal	\$2,554.93 \$2,546.96	
20972	Free Osteocutaneous Flap With Microvascular Anastomosis; Metatarsal Free Osteocutaneous Flap With Microvascular Anastomosis; Great Toe With Web Space	\$2,546.96 \$2,689.82	
20973	Destruction Of 1 Or More Bone Growths Accessed Through The Skin	\$2,689.82 \$3,524.05	
	Destruction Of 1 Or More Bone Growths, Accessed Through The Skin	\$3,524.05 \$5,747.67	
20983	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For	\$3,747.67	
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20985		\$143.42	
20985	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General	\$143.42 Price By Report	
20999	Primary Procedure)	Price By Report	
20999 21010	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint	Price By Report \$692.79	
20999 21010 21011	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm	Price By Report \$692.79 \$333.83	
20999 21010 21011 21012	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp	Price By Report \$692.79 \$333.83 \$358.25	
20999 21010 21011 21012 21013	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm	Price By Report \$692.79 \$333.83 \$358.25 \$519.32	
20999 21010 21011 21012 21013 21014	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater	Price By Report \$692.79 \$333.83 \$358.25 \$519.32 \$553.74	
20999 21010 21011 21012 21013 21014 21015	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp	Price By Report \$692.79 \$333.83 \$358.25 \$519.32 \$553.74 \$640.65	
20999 21010 21011 21012 21013 21014 21015 21016	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp	Price By Report \$692.79 \$333.83 \$358.25 \$519.32 \$553.74 \$640.65 \$913.82	
20999 21010 21011 21012 21013 21014 21015 21016 21025	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible	Price By Report \$692.79 \$333.83 \$358.25 \$519.32 \$553.74 \$640.65 \$913.82	
20999 21010 21011 21012 21013 21014 21015 21016 21025 21026	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp	Price By Report \$692.79 \$333.83 \$358.25 \$519.32 \$553.74 \$640.65 \$913.82 \$7742.15 \$506.06	
20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S)	Price By Report \$692.79 \$333.83 \$358.25 \$519.32 \$553.74 \$640.65 \$913.82	
20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029 21030	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia)	Price By Report \$692.79 \$333.83 \$358.25 \$519.32 \$553.74 \$640.65 \$913.82 \$742.15 \$560.06 \$718.12	
20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029	Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage	Price By Report \$692.79 \$333.83 \$358.25 \$519.32 \$553.74 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12	

Code	Description	Fee	Prior Auth Status
21034	Excision Of Malignant Tumor Of Maxilla Or Zygoma	\$1,209.87	
21040	Excision Of Benign Tumor Or Cyst Of Mandible, By Enucleation And/Or Curettage	\$326.94	
21044	Excision Of Malignant Tumor Of Mandible;	\$799.70	
21045	Excision Of Malignant Tumor Of Mandible; Radical Resection	\$1,105.70	
21046	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S))	\$939.08	
	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Mandibulectomy (Eg, Locally Aggressive Or		
21047	Destructive Lesion(S))	\$1,157.96	
21048	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S))	\$946.07	
	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg, Locally Aggressive Or Destructive		
21049	Lesion(S))	\$1,121.30	
21050	Arthrectomy, Temporomandibular Joint; Unilateral	\$811.85	
21060	Meniscectomy, Temporomandibular Joint; Unilateral	\$735.74	
21070	Coronoidectomy (Separate Procedure)	\$566.86	
21073	Manipulation Of Temporomandibular Joint(S) (Tmj), Therapeutic, Requiring An Anesthesia Service (Ie, General Or Monitored Anesthesia Care)	\$357.82	
21076	Impression And Custom Preparation; Surgical Obturator Prosthesis	\$888.55	
21077	Impression And Custom Preparation; Orbital Prosthesis	\$1,965.03	
21079	Impression And Custom Preparation; Interim Obturator Prosthesis	\$1,348.68	
21080	Impression And Custom Preparation; Definitive Obturator Prosthesis	\$1,561.58	
21081	Impression And Custom Preparation; Mandibular Resection Prosthesis	\$1,433.31	
21082	Impression And Custom Preparation; Palatal Augmentation Prosthesis	\$1,316.56	
21083	Impression And Custom Preparation; Palatal Lift Prosthesis	\$1,258.08	
21084	Impression And Custom Preparation; Speech Aid Prosthesis	\$1,435.34	
21085	Impression And Custom Preparation Of Oral Surgical Splint	\$733.40	
21086	Impression And Custom Preparation; Auricular Prosthesis	\$1,463.89	
21087	Impression And Custom Preparation; Nasal Prosthesis	\$1,463.89	
21088	Impression And Custom Preparation; Facial Prosthesis	\$1,373.33	
21089	Unlisted Maxillofacial Prosthetic Procedure	Price By Report	
21100	Application Of Halo Type Appliance For Maxillofacial Fixation, Includes Removal (Separate Procedure)		
		\$599.18	
21110	Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation	\$842.24	
21116	Injection Procedure For Temporomandibular Arthrotomography Conjugator Automortation (Automortal Proceduric Medical)	\$215.55	
21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Material)	\$629.52	
21121	Genioplasty; Sliding Osteotomy, Single Piece	\$599.64	
21122	Genioplasty; Sliding Osteotomies, Two Or More Osteotomies (Eg, Wedge Excision Or Bone Wedge Reversal For Asymmetrical Chin)	\$695.10	
21123	Insertion Of Sliding Bone Graft To Enlarge Chin Bone, Additional Bone Graft	\$800.84	
21125	Augmentation, Mandibular Body Or Angle; Prosthetic Material	\$2,617.85	
21127	Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft	\$4,020.10	
21137	Reduction Forehead; Contouring Only	\$686.61	PA Required
21138	Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft)	\$834.65	PA Required
21139	Reduction Forehead; Contouring And Setback Of Anterior Frontal Sinus Wall	\$999.98	
21141	Reconstruction Of Midface Bones, Single Piece (Lefort I)	\$1,411.71	
21142	Reconstruction Of Midface Bones, 2 Pieces (Lefort I)	\$1,420.94	
21143	Reconstruction Of Midface Bones, 3 Or More Pieces (Lefort I)	\$1,317.19	
21145	Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I)	\$1,447.15	
21146	Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I)	\$1,511.07	
21147	Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I)	\$1,589.85	
21150	Reconstruction Of Midface Bones (Lefort Ii)	\$1,511.98	
21151	Reconstruction Of Midface Bones With Bone Graft (Lefort Ii)	\$1,662.28	
21154	Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii)	\$1,788.33	
21155	Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii)	\$1,981.62	
21159	Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii)	\$2,371.52	
21160	Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii)	\$2,570.61	
21100	Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement, Wirthout Orbital Rim And Lower Forehead, Advancement, With Or Without Grafts (Includes Obtaining	φ2,570.01	
21172	Actografts)	¢1 022 02	
21172	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonocephaly,	\$1,832.82	
21175	Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts)	\$2,010.37	
21179	Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material)	\$1,384.19	
	Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts)	\$1,384.19 \$1,544.90	
21180	Reconstruction, Entire Of Majority Of Potentead Ana/Of Supraorbital Rims, With Autograft (Includes Obtaining Grants) Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial		
21181	Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting Less	\$677.24	
21122	Reconstruction of Bony Defect of Skull, Forenead, And Both Upper Portions of Eye Bones With Bone Graft, Total Area of Bone Grafting Less. Than 40 Sq Cm	\$1 010 G1	
21182	Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting	\$1,918.61	
21183	Greater Than 40 Sq Cm But Less Than 80 Sq Cm	\$2,086.10	
21100	Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting	ΨΖ,000.10	
21184	Reconstruction of body Defect of Skuli, I orenead, And Bodil opper Politons of Lye Bodies with Bodie Graft, Total Alea of Bodie Grafting Greater Than 80 Sq Cm	\$2,242.87	
21188	Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft	\$1,481.78	
21188	Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft	\$1,481.78	
	ACCONDUCTION OF INITIAL MANUEL MAIN, FIGURE, FORMAR, O, OF L. OCIOCIONY, WILLIAM DUTTE GIAIL	ı,194.öU	
	Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "I," Ostootomy, With Rone Graft (Includes Obtaining Craft)	\$4.320.00	
21194	Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft)	\$1,330.20 \$1,350.34	
21195	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation	\$1,259.34	
21195 21196	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$1,259.34 \$1,320.23	
21195 21196 21198	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental	\$1,259.34 \$1,320.23 \$960.27	
21195 21196 21198 21199	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement	\$1,259.34 \$1,320.23 \$960.27 \$945.72	
21195 21196 21198 21199 21206	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$905.09	
21195 21196 21198 21199 21206 21208	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg. Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$905.09 \$1,610.32	
21195 21196 21198 21199 21206 21208 21209	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$905.09 \$1,610.32 \$733.81	
21195 21196 21198 21199 21206 21208 21209 21210	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$995.09 \$1,610.32 \$733.81 \$1,595.61	
21195 21196 21198 21199 21206 21208 21209	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) Graft, Bone; Mandible (Includes Obtaining Graft)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$905.09 \$1,610.32 \$733.81	
21195 21196 21198 21199 21206 21208 21209 21210	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$995.09 \$1,610.32 \$733.81 \$1,595.61	
21195 21196 21198 21199 21206 21208 21209 21210 21215	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) Graft, Bone; Mandible (Includes Obtaining Graft)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$995.09 \$1,610.32 \$733.81 \$1,595.61 \$3,006.83	
21195 21196 21198 21199 21206 21208 21209 21210 21215 21230	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) Graft, Bone; Mandible (Includes Obtaining Graft) Graft; Rib Cartilage, Autogenous, To Face, Chin, Nose Or Ear (Includes Obtaining Graft)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$905.09 \$1,610.32 \$733.81 \$1,595.61 \$3,006.83 \$764.45	
21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21235	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg. Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) Graft, Bone; Mandible (Includes Obtaining Graft) Graft; Rib Cartilage, Autogenous, To Face, Chin, Nose Or Ear (Includes Obtaining Graft) Graft; Ear Cartilage, Autograft, To Nose Or Ear (Includes Obtaining Graft)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$905.09 \$1,610.32 \$733.81 \$1,595.61 \$3,006.83 \$764.45 \$602.76	
21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21235 21240	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) Graft, Bone; Mandible (Includes Obtaining Graft) Graft; Rib Cartilage, Autogenous, To Face, Chin, Nose Or Ear (Includes Obtaining Graft) Graft; Ear Cartilage, Autograft, To Nose Or Ear (Includes Obtaining Graft) Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes Obtaining Graft)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$905.09 \$1,610.32 \$733.81 \$1,595.61 \$3,006.83 \$764.45 \$602.76	
21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21235 21240 21242 21243	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) Graft, Bone; Mandible (Includes Obtaining Graft) Graft; Rib Cartilage, Autograft, To Nose Or Ear (Includes Obtaining Graft) Graft; Ear Cartilage, Autograft, To Nose Or Ear (Includes Obtaining Graft) Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes Obtaining Graft) Arthroplasty, Temporomandibular Joint, With Alloplastic Material (Eg, Silicone)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$995.09 \$1,610.32 \$733.81 \$1,595.61 \$3,006.83 \$764.45 \$602.76 \$975.32 \$944.97 \$1,493.54	
21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21235 21240 21242 21243 21244	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg. Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) Graft, Bone; Mandible (Includes Obtaining Graft) Graft; Rib Cartilage, Autogenous, To Face, Chin, Nose Or Ear (Includes Obtaining Graft) Graft; Ear Cartilage, Autograft, To Nose Or Ear (Includes Obtaining Graft) Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes Obtaining Graft) Arthroplasty, Temporomandibular Joint, With Alloplastic Material (Eg. Silicone) Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate (Eg. Mandibular Staple Bone Plate)	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$905.09 \$1,610.32 \$733.81 \$1,595.61 \$3,006.83 \$764.45 \$602.76 \$975.32 \$944.97 \$1,493.54	
21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21235 21240 21242 21243	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation Osteotomy, Mandible, Segmental Osteotomy, Mandible, Segmental; With Genioglossus Advancement Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) Osteoplasty, Facial Bones Reduction Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) Graft, Bone; Mandible (Includes Obtaining Graft) Graft; Rib Cartilage, Autogenous, To Face, Chin, Nose Or Ear (Includes Obtaining Graft) Graft; Ear Cartilage, Autograft, To Nose Or Ear (Includes Obtaining Graft) Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes Obtaining Graft) Arthroplasty, Temporomandibular Joint, With Alloplastic Material (Eg, Silicone) Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement	\$1,259.34 \$1,320.23 \$960.27 \$945.72 \$995.09 \$1,610.32 \$733.81 \$1,595.61 \$3,006.83 \$764.45 \$602.76 \$975.32 \$944.97 \$1,493.54	

Code	Description	Fee	Prior Auth Status
21247	Reconstruction Of Mandibular Condyle With Bone And Cartilage Autografts (Includes Obtaining Grafts) (Eg, For Hemifacial Microsomia)	\$1,473.54	
21248	Reconstruction Of Mandible Or Maxilla, Endosteal Implant (Eg, Blade, Cylinder); Partial	\$925.25	
21249	Reconstruction Of Mandible Or Maxilla, Endosteal Implant Complete	\$1,256.34	
21255	Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage (Includes Obtaining Autografts)	\$1,256.37	
21256	Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Grafts (Includes Obtaining Autografts) (Eg, Microophthalmia) Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Extracranial Approach	\$1,128.93	
21260		\$1,261.62 \$2,220.91	
21261	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And Extracranial Approach Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; With Forehead Advancement	* ,	
21263 21267	Plastic Repositioning Of Eye Socket Bones On One Side Of The Face With Bone Grafts, Extracranial Approach	\$2,057.03 \$1,475.39	
21268	Plastic Repositioning Of Eye Socket Bones On One Side Of The Face With Bone Grafts, Combined Approach	\$1,845.46	
21270	, , ,	\$939.67	
21275	Secondary Revision Of Orbitocraniofacial Reconstruction	\$772.87	
21280	Reattachment Of Nasal And Eye Socket Ligament, Ear Side	\$545.91	
21282	Reattachment Of Nasal And Eye Socket Ligament, Nose Side	\$370.44	
21295	Reduction Of Masseter Muscle And Bone (Eg, For Treatment Of Benign Masseteric Hypertrophy); Extraoral Approach	\$182.71	
21296	Reduction Of Masseter Muscle (Eg, Treatment Of Benign Masseteric Hypertrophy); Intraoral Approach	\$381.08	
21299	Unlisted Craniofacial And Maxillofacial Procedure	Price By Report	
21315	Closed Treatment Of Broken Nasal Bone, Without Stabilization	\$115.57	
21320	Manipulative Treatment, Nasal Bone Fracture; Without Stabilization With Stabilization	\$232.31	
21325	Open Treatment Of Nasal Fracture; Uncomplicated	\$319.64	
21330	Open Treatment Of Nasal Fracture; Complicated, With Internal And/Or External Skeletal Fixation	\$504.21	
21335	Open Treatment Of Nasal Fracture; With Concomitant Open Treatment Of Fractured Septum	\$742.76	
21336	Open Treatment Of Nasal Septal Fracture, With Or Without Stabilization	\$607.19	
21337	Closed Treatment Of Nasal Septal Fracture, With Or Without Stabilization	\$292.59	
21338	Open Treatment Of Nasoethmoid Fracture; Without External Fixation	\$636.07	
21339	Open Treatment Of Nasoethmoid Fracture; Without External Fixation With External Fixation	\$716.40	
21340	Treatment Of Broken Eye Socket And Nasal Bones, Accessed Through The Skin	\$692.94	
21343	Open Treatment Of Depressed Frontal Sinus Fracture	\$1,014.59	
21344	Open Treatment Of Complicated (Eg. Comminuted Or Involving Posterior Wall) Frontal Sinus Fracture, Via Coronal Or Multiple Approaches	\$1,289.75	
21345	Closed Treatment Of Nasomaxillary Complex Fracture (Lefort li Type), With Interdental Wire Fixation Or Fixation Of Denture Or Splint	\$750.78	
21346	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); With Wiring And/Or Local Fixation	\$970.15	
21347	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); Requiring Multiple Open Approaches	\$973.68	
21348	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); With Bone Grafting (Includes Obtaining Graft)	\$1,005.09	
21355	Treatment Of Broken Lower And Upper Cheek Bones With Manipulation, Accessed Through The Skin	\$421.05	
21356	Open Treatment Of Broken Cheek Bone, Zygoma Fracture	\$434.36	
21360	Open Treatment Of Broken Cheek Bone, Malar Fracture	\$484.34	
	Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(S) Of Malar Area, Including Zygomatic Arch		
21365	And Malar Tripod; With Internal Fixation And Multiple Surgical Approaches	\$1,086.30	
	Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(S) Of Malar Area, Including Zygomatic Arch		
21366	And Malar Tripod; With Bone Grafting (Includes Obtaining Graft)	\$1,162.69	
21385	Open Treatment Of Broken Eye Socket Bone, Blowout Fracture, Transantral Approach	\$674.90	
21386	Open Treatment Of Broken Eye Socket Bone, Blowout Fracture, Periorbital Approach	\$742.85	
21387	Open Treatment Of Broken Eye Socket Bone, Blowout Fracture, Combined Approach	\$703.71	
21390 21395	Open Treatment Of Broken Eye Socket Bone With Implant, Blowout Fracture Open Treatment Of Broken Eye Socket Bone With Bone Graft, Blowout Fracture	\$826.06 \$920.69	
21400	Closed Treatment Of Fracture Of Orbit, Except "Blowout"; Without Manipulation	\$199.71	
21400	Closed Treatment of Facker Eye Socket Bone With Manipulation Closed Treatment of Broken Eye Socket Bone With Manipulation	\$354.52	
21406	Open Treatment Of Broken Eye Socket Bone Without Implant, Other Than Blowout Fracture	\$537.38	
21407	Open Treatment of Broken Eye Socket Bone With Implant, Other Than Blowout Fracture	\$631.95	
21408	Open Treatment of Broken Eye Socket Bone With Bone Graft Other Than Blowout Fracture	\$825.04	
21421	Closed Treatment of Palatai Or Maxillary Fracture (Lefort I Type), With Interdental Wire Fixation Or Fixation Of Denture Or Splint	\$618.00	
21422	Open Treatment Of Fracture At Roof Of Mouth Or Cheek Bone (Lefort I)	\$645.42	
21423	Open Treatment Of Fracture At Roof Of Mouth Or Cheek Bone (Lefort I), Complicated	\$733.55	
21423	Closed Treatment Of Broken Bones Of Cheek, Nose Or Face With Insertion Of Hardware Or Oral Splint (Lefort Iii)	\$663.97	
	Open Treatment Of Broken Bones Of Face (Lefort liii) And Head And/Or Insertion Of Hardware	\$665.90	
21433	Open Treatment Of Broken Bones Of Face And Head (Lefort lii), Complicated	\$1,575.05	
21435	Open Treatment Of Broken Bones Of Face And Head And/Or Insertion Of Hardware (Lefort Iii), Complicated	\$1,281.44	
21436	Open Treatment Of Broken Bones Of Face And Head With Insertion Of Hardware And Bone Graft (Lefort Iii), Complicated	\$1,850.08	
21440	Closed Treatment of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure)	\$670.91	
21445	Open Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure)	\$569.07	
21450	Closed Treatment Of Mandibular Fracture; Without Manipulation	\$423.87	
21451	Closed Treatment Of Mandibular Fracture; With Manipulation	\$748.02	
21452	Treatment Of Broken Jaw Bone With Placement Of External Hardware, Accessed Through The Skin	\$740.39	
-1704	*	\$779.14	
21453	Closed Treatment Of Mandibular Fracture With Interdental Fixation		
21453 21454	Closed Treatment Of Mandibular Fracture With Interdental Fixation Open Treatment Of Mandibular Fracture With External Fixation	\$454.10	
21454	Open Treatment Of Mandibular Fracture With External Fixation	\$454.10	
21454 21461	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation	\$454.10 \$1,312.30	
21454 21461 21462	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation	\$454.10 \$1,312.30 \$1,434.43	
21454 21461 21462	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture	\$454.10 \$1,312.30 \$1,434.43	
21454 21461 21462 21465	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or	\$454.10 \$1,312.30 \$1,434.43 \$739.94	
21454 21461 21462 21465 21470	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture; With Interdental Fixation Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88	
21454 21461 21462 21465 21470 21480	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48	
21454 21461 21462 21465 21470 21480 21485	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36	
21454 21461 21462 21465 21470 21480 21485 21490	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36 \$728.70	
21454 21461 21462 21465 21470 21480 21485 21490 21497	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation Interdental Wiring, For Condition Other Than Fracture	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36 \$728.70 \$506.95	
21454 21461 21462 21465 21470 21480 21485 21490 21497 21499	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation Interdental Wiring, For Condition Other Than Fracture Unlisted Orthopedic Procedure, Head Incision And Drainage, Deep Abscess Or Hematoma; Incision And Drainage, Deep Abscess Or Hematoma; With Partial Rib Ostectomy	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36 \$728.70 \$506.95 Price By Report	
21454 21461 21462 21465 21470 21480 21485 21490 21497 21499 21501	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation Interdental Wiring, For Condition Other Than Fracture Unlisted Orthopedic Procedure, Head Incision And Drainage, Deep Abscess Or Hematoma; Incision And Drainage, Deep Abscess Or Hematoma; With Partial Rib Ostectomy Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess);	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36 \$728.70 \$506.95 Price By Report	
21454 21461 21462 21465 21470 21480 21485 21490 21497 21499 21501 21502	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation Interdental Wiring, For Condition Other Than Fracture Unlisted Orthopedic Procedure, Head Incision And Drainage, Deep Abscess Or Hematoma; Incision And Drainage, Deep Abscess Or Hematoma; With Partial Rib Ostectomy Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess); Excisional Biopsy, Soft Tissues	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$994.86 \$728.70 \$506.95 Price By Report \$337.29 \$457.77	
21454 21461 21462 21465 21470 21480 21485 21490 21497 21499 21501 21502 21510 21550 21552	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation Interdental Wiring, For Condition Other Than Fracture Unlisted Orthopedic Procedure, Head Incision And Drainage, Deep Abscess Or Hematoma; Incision And Drainage, Deep Abscess Or Hematoma; With Partial Rib Ostectomy Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess); Excisional Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36 \$728.70 \$506.95 Price By Report \$337.29 \$457.77 \$410.42 \$187.79 \$476.09	
21454 21461 21462 21465 21470 21480 21487 21499 21501 21502 21510 21550 21552 21554	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation Interdental Wiring, For Condition Other Than Fracture Unlisted Orthopedic Procedure, Head Incision And Drainage, Deep Abscess Or Hematoma; Incision And Drainage, Deep Abscess Or Hematoma; With Partial Rib Ostectomy Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess); Excisional Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater Biopsy, Soft Tissue Of Neck Or Thorax 5 Cm Or Greater	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36 \$728.70 \$506.95 Price By Report \$337.29 \$457.77 \$410.42 \$187.79 \$476.09 \$733.85	
21454 21461 21462 21465 21470 21480 21487 21499 21501 21502 21510 21552 21554 21555	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation Interdental Wiring, For Condition Other Than Fracture Unlisted Orthopedic Procedure, Head Incision And Drainage, Deep Abscess Or Hematoma; Incision And Drainage, Deep Abscess Or Hematoma; Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess); Excisional Biopsy, Soft Tissue Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater Biopsy, Soft Tissue Of Neck Or Thorax 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subcutaneous; Less Than 3 Cm	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36 \$728.70 \$506.95 Price By Report \$337.29 \$457.77 \$410.42 \$187.79 \$476.09 \$733.85 \$733.85	
21454 21461 21462 21465 21470 21480 21485 21490 21497 21501 21502 21550 21552 21555 21556	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation Interdental Wiring, For Condition Other Than Fracture Unlisted Orthopedic Procedure, Head Incision And Drainage, Deep Abscess Or Hematoma; Incision And Drainage, Deep Abscess Or Hematoma; Incision And Drainage, Deep Abscess Or Hematoma; With Partial Rib Ostectomy Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess); Excisional Biopsy, Soft Tissues Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater Biopsy, Soft Tissue Of Neck Or Thorax 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subcutaneous; Less Than 5 Cm	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36 \$728.70 \$506.95 Price By Report \$337.29 \$457.77 \$410.42 \$187.79 \$476.09 \$733.85 \$301.32	
21454 21461 21462 21465 21470 21480 21487 21499 21501 21502 21510 21552 21554 21555	Open Treatment Of Mandibular Fracture With External Fixation Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Mandibular Condylar Fracture Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated Open Treatment Of Temporomandibular Dislocation Interdental Wiring, For Condition Other Than Fracture Unlisted Orthopedic Procedure, Head Incision And Drainage, Deep Abscess Or Hematoma; Incision And Drainage, Deep Abscess Or Hematoma; Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess); Excisional Biopsy, Soft Tissue Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater Biopsy, Soft Tissue Of Neck Or Thorax 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subcutaneous; Less Than 3 Cm	\$454.10 \$1,312.30 \$1,434.43 \$739.94 \$1,191.88 \$99.48 \$954.36 \$728.70 \$506.95 Price By Report \$337.29 \$457.77 \$410.42 \$187.79 \$476.09 \$733.85 \$733.85	

Cada	Providen	F	Data a Acutta Orașia
21600	Description Excision Of Rib, Partial	Fee \$510.02	Prior Auth Status
21600	Removal Of Tumor From Chest Wall Including Ribs	\$1,174.32	
21602	Removal Of Tumor From Chest Wall Including Ribs With Plastic Reconstruction	\$1,394.60	
21603	Removal Of Tumor From Chest Wall Including Ribs With Plastic Reconstruction And Removal Of Lymph Nodes From Chest Cavity	\$1,509.83	
21610	Costotransversectomy (Separate Procedure)	\$1,041.59	
21615	Excision First And/Or Cervical Rib;	\$601.91	
21616	Excision First And/Or Cervical Rib For Outlet Compression Syndrome Or Other Cause; With Sympathectomy	\$623.10	
21620	Ostectomy Of Sternum, Partial	\$456.30	
21627	Sternal Debridement	\$473.78	
21630	Radical Resection Of Sternum;	\$1,195.99	
21632	Radical Resection Of Sternum; With Mediastinal Lymphadenectomy	\$1,075.28	
21685 21700	Hyoid Myotomy And Suspension Division Of Scalenus Anticus; Without Resection Of Cervical Rib	\$907.92 \$311.49	
21700	Division of Scalenus Anticus; With Resection of Cervical Rib	\$515.28	
21720	Release Of Tendons Of Neck Muscle, Open Procedure	\$446.36	
21725	Release Of Tendons Of Neck Muscle With Cast Application, Open Procedure	\$496.56	
21740	Repair Of Depression Of Breast Bone, Open Procedure	\$903.16	
21742	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive Approach (Nuss Procedure), Without Thoracoscopy	\$988.39	
21743	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive Approach (Nuss Procedure), With Thoracoscopy	\$1,060.40	
21750	Closure Of Median Sternotomy Separation With Or Without Debridement (Separate Procedure)	\$665.55	
21811	Open Treatment Of Broken Ribs With Insertion Of Hardware, 1-3 Ribs	\$593.78	
21812	Open Treatment Of Broken Ribs With Insertion Of Hardware, 4-6 Ribs	\$713.44	
21813	Open Treatment Of Broken Ribs With Insertion Of Hardware, 7 Or More Ribs	\$859.25	
21820	Closed Treatment Of Sternum Fracture	\$139.77	
21825	Open Treatment Of Sternum Fracture With Or Without Skeletal Fixation	\$496.37	
21899	Unlisted Procedure, Neck Or Thorax	Price By Report	
21920	Biopsy Of Tissue Of Back Or Flank, Superficial	\$181.56	
21925	Biopsy Of Tissue Of Back Or Flank, Deep	\$463.63	
21930 21931	Excision, Tumor, Soft Tissue Of Back Or Flank Excision, Tumor, Soft Tissue Of Back Or Flank, Subcutaneous; 3 Cm Or Greater	\$382.15 \$497.60	
21931	Excision, Tumor, Soft Tissue Of Back Or Flank, Subcatarieous, 3 cm or Gleater Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$497.60 \$665.46	
21932	Excision, Tumor, Soft Tissue Of Back Of Flank, Subfascial (Eg, Intramuscular); 5 Cm Or Greater	\$738.80	
21935	Removal (Less Than 5 Centimeters) Tissue Growth Of Back Or Flank	\$920.97	
21936	Removal (5 Centimeters Or Greater) Tissue Growth Of Back Or Flank	\$1,260.22	
22010	Drainage Of Abscess Of Upper Or Middle Spine, Open Chest Procedure	\$939.26	
22015	Drainage Of Abscess Of Lower Spine Or Sacrum, Open Procedure	\$932.16	
22100	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Neck (Cervical Spine)	\$774.78	
22101	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Upper Back (Thoracic Spine)	\$771.48	
	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Lower Back (Lumber Spine)	\$709.42	
22103	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality From Additional Vertebral Segment Of Spine Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Neck (Cervical	\$118.74	
22110	Spine)	\$932.98	
22110	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Upper Back	ψ332.30	
22112	(Thoracic Spine)	\$988.41	
	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Lower Back		
22114	(Lumbar Spine)	\$988.41	
	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Spine Tissue Abnormality In Additional Vertebral Segment Of Spine Extraorbic Legislate Of Spine (2 Calvant Octavity) In Library Body (Thoro	\$121.11	
22206	Extensive Incision Of Spinal Column (3-Column Osteotomy) In Upper Back (Thoracic Spine) To Correct Deformity Extensive Incision Of Spinal Column (3-Column Osteotomy) In 1 Vertebral Segment Of Lower Back (Lumbar Spine) To Correct Deformity	\$2,441.71 \$2,104.42	
22207 22208	Extensive Incision of Spinal Column (3-Column Osteotomy) In 1 Additional Vertebral Segment of Spine	\$2,104.42 \$560.60	
22210	Incision of Spinal Column (Single Column osteotomy) In 1 Vertebral Segment of Neck (Cervical Spine) To Correct Deformity	\$1,574.18	
22212	Incision of Spinal Column (Single Column Osteotomy) In 1 Vertebral Segment of Upper Back (Thoracic Spine) To Correct Deformity	\$1,506.15	
22214	Incision Of Spinal Column (Single Column Osteotomy) In 1 Vertebral Segment Of Upper Back (Lumbar Spine) To Correct Deformity	\$1,419.05	
22216	Incision Of Spinal Column (Single Column Osteotomy) In Additional Vertebral Segment Of Spine	\$348.71	
22220	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral Segment; Cervical	\$1,431.94	
22222	Osteotomy Of Spine, Anterior Approach, For Correction Of Thoracic	\$1,519.73	
22224	Osteotomy Of Spine, Anterior Approach, For Correction Of Lumbar	\$1,421.89	
20000	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	0040.00	
22226 22310	In Addition 16 Code For Primary Procedure) Closed Treatment Of Vertebral Body Fracture(S), Without Manipulation, Requiring And Including Casting Or Bracing	\$312.93 \$272.44	
22310	Closed Treatment Of Vertebral Body Fracture(s), Without Manipulation, Requiring And including Casting of Bracing Closed Treatment Of Broken And/Or Dislocated Spine Bones With Casting And/Or Bracing With Manipulation	\$807.06	
22318	Open Treatment of Broken And/Or Dislocated Upper Spine Bones, Anterior Approach	\$1,421.57	
22319	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones With Bone Graft, Anterior Approach	\$1,573.10	
22325	Open Treatment Of Broken And/Or Dislocated Lower Spine Bones, Posterior Approach	\$1,220.75	
22326	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Posterior Approach	\$1,464.10	
22327	Open Treatment Of Broken And/Or Dislocated Middle Spine Bones, Posterior Approach	\$1,416.86	
22328	Open Treatment Of Broken And/Or Dislocated Spine Bones, Posterior Approach	\$266.93	
22505	Manipulation Of Spine Requiring Anesthesia, Any Region	\$116.93	
22510	Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Upper Spine Area	\$1,814.58	
22511	Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Lower Spine Area	\$1,920.95	
22512	Injection of Bone Cement Into Body of Middle Or Lower Spine Accessed Through The Skin Using Imaging Guidance	\$7,920.95	
	Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Thoracic To Correct	\$. 20.40	
22513	Forward Bending	\$6,487.45	<u> </u>
22514	Injection Of Bone Cement Into Body Of Lower Spine Bone Accessed Through The Skin Using Imaging Guidance	\$6,458.55	
22515	Injection Of Bone Cement Into Body Of Middle Or Lower Spine Bone Accessed Through The Skin Using Imaging Guidance	\$3,006.94	
22532	Fusion Of Middle Spine Bones With Removal Of Disc, Lateral Approach		PA Required
22533	Fusion Of Lower Spine Bones With Removal Of Disc, Lateral Approach		PA Required
22534 22548	Fusion Of Middle Or Lower Spine Bones With Removal Of Disc, Lateral Approach Fusion Of Spine Bones At Base Of Neck, Oral Approach	\$345.42 \$1.686.44	PA Required
22548	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach, Complex		PA Required PA Required
22552	Fusion of Spine Bones With Removal Of Disc In Upper Spinal Column Below Second Vertebra Of Neck , Anterior Approach		PA Required
22554	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach, Simple		PA Required
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2,72,17 PA. Roguest	22585		\$312.29	PA Required
2020 Paper Of Prest The Uppe Store Sevent Of Spraid Culture Presents Approach \$1,000 CEP, Requested				PA Required
2020 Partic Of Spring Brown A Stall Black Prosence Approach 1,300.08 PA. Reguent 1,300	22586		\$1,743.75	1 A Required
2020 Figure Of Marine Speek Source Processor OF Processor Processor Approach Sp. 1965 A Required Sp. 1965 A Requir	22590			
2010 Nation Of Michael Spines Bores, Posterior OF Posterioresterand Approach 1,320.059 An Resultary 1,200.059 An Resu	22595			
Section Collected Special Review Protection of Special Post Register Collected Special Post Post Post Post Post Post Post Post	22600	Fusion Of Upper Spine Bones, Posterior Or Posterolateral Approach	\$1,140.83	PA Required
Section Of Sprine Roses, Posterior Of Posterior Approach	22610		\$1,250.59	PA Required
	22612	Fusion Of Lower Spine Bones, Posterior Or Posterolateral Approach	\$1,555.53	PA Required
STATUS A. Repursed	22614	Fusion Of Spine Bones, Posterior Or Posterolateral Approach	\$372.93	PA Required
Pacis of Duese Spine Borner Will Removal Of Disc, Position On Position States	22630	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Approach, Single Interspace		
April Interspise And Segment	22632	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Approach, Single Interspace, Each Additional Interspace		
Page	22633	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Or Posterolateral Approach, Single Interspace And Segment	\$1,799.00	PA Required
2020 Found of Spring Boone Ref Cornection Of Defensity, Proceeding Approach, 17 Oct Ventilated Segments 3,101.00 PA Required 3,007.00 PA Required 2,007.00		Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Or Posterolateral Approach, Single Interspace And Segment, Each Additional		DA Damilia d
2020 Found of Spring Boone Ref Cornection Of Defensity, Proceeding Approach, 17 Oct Ventilated Segments 3,101.00 PA Required 3,007.00 PA Required 2,007.00	22634	Interspace And Segment	\$473.36	PA Required
22005 Facion Of Spring Bornes Por Correction Of Determity, Protector Approach, 13 Or More Ventebrook Segments	22800	Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, Up To 6 Vertebral Segments		
22005 Facion Of Spring Bornes Por Correction Of Determity, Protector Approach, 13 Or More Ventebrook Segments	22802	Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, 7 To 12 Vertebral Segments	\$2,072.60	PA Required
2005 Fusion Cit Spine Borner For Correstion Cit Delamy, Amontor Approach, 47 to 7 Verebrain Segments \$1,610.71 \$A Required \$1,056.00 \$A	22804	Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, 13 Or More Vertebral Segments		
2391 Pusion Of Spine Bones for Correction Of Debromy, Ambiers Approach, 4 To 7 Verebreits Segments \$1,805.06 PA Required \$1,905.06 PA Required \$1,905.06 PA Required \$1,905.07 PA Re	22808	Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 2 To 3 Vertebral Segments		
2017 Fusion Of Spires Bonse Pro Correction Of Defermity, Anthorizor Approach, 8 of More Venteral Segments 51,078.60 78, Required 51,078.60 78, R	22810	Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 4 To 7 Vertebral Segments		
23215 Fusion Of Spires Borner for Correction Of Hardbrack Delomity, 3 of More Sporents \$1,029.38 A Required \$2211.09 A Required \$2211.09 Control of Spired Fusion \$1,029.38 A Required \$1,029.38 Control of Spired Fusion \$1,029.38 A Required \$1,029.38 Control of Spired Fusion \$1,029.38 A Required \$1,029.38 A				
22215 Common Of Sprine Bornes For Correction Of Humbhack Delarmity, 3 of More Segments \$2,221.4				
\$70.16 P.A. Reguend \$70.		, , , , ,		
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Incision And Drainage; Deep Abscess Or Hematoma \$308.16 Incision And Drainage; Infected Bursa \$406.42 Incision Bone Cortex (Eg. Osteomyelitis Or Bone Abscess), Shoulder Area \$406.42 Incision And Drainage; Infected Bursa \$406.42 Incision, Bone Cortex (Eg. Osteomyelisis Or Bonulder Area) \$406.42 Incision, Bone Cortex (Eg. Osteomyelisis Or Bonulder Area, Superficial \$407.43 Incision Tissue Of Shoulder Area, Superficial \$408.43 Incision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$408.45 Incision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (Eg. Intramuscular); Less Than 5 Cm \$408.47 Incision, Tumor, Soft Tissue Of Shoulder Area \$409.47 Incision To Repair Joints Between Shoulder Area \$41.208.51 Incision To Repair Joints Between Shoulder Area \$41.208.51 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$407.13 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$408.75 Arthrotomy, Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$406.75 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$409.47 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$409.47 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$409.47 Incision To Repair Joints, With Synovectomy, With Or Without Biopsy \$409.47 Incision To Repair Joints, With Synovectomy, With Or Without Biops	23000			
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lncision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area 3625.57 33040 Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body 3749.77 32044 Arthrotomy, Acromioclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body 3519.58 32065 Biopsy Of Tissue Of Shoulder Area, Superficial 32066 Biopsy Of Tissue Of Shoulder Area, Deep 3534.99 32071 Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater 32073 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater 32074 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm 32075 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm 32076 Excision, Tumor, Soft Tissue Of Shoulder Area, Subclascial (Eg, Intramuscular); Less Than 5 Cm 32077 Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area 32078 Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area 32078 Removal (Genohumeral Joint, Including Biopsy 32079 Arthrotomy, Glenohumeral Joint, Including Biopsy 32070 Arthrotomy, Glenohumeral Joint, Including Biopsy 32070 Arthrotomy, Glenohumeral Joint, With Synovectomy, With Or Without Biopsy 32070 Arthrotomy, Glenohumeral Joint, With Synovectomy, With Or Without Biopsy 32070 Arthrotomy, Glenohumeral Joint, With Synovectomy, With Or Without Biopsy 32070 Arthrotomy, Glenohumeral Joint, With Synovectomy, With Or Without Removal Of Loose Or Foreign Body 32070 Arthrotomy, Partial 32070 Claviculectomy; Partial	23020	Capsular Contracture Release (Eg, Sever Type Procedure)	\$632.33	
Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromicolavicular, Sternoclavicular, Joint, Including Exploration, Drainage, Or Removal Of Foreign Body S519.58 Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy Of Tissue Of Shoulder Area, Deep S3066 Biopsy Of Tissue Of Shoulder Area, Deep S3071 Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater S442.03 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater S3072 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm S3075 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm S3076 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm S3077 Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area S3078 Removal (Scentimeters Or Greater) Tissue Growth Of Shoulder Area S3078 Removal (Scentimeters Or Greater) Tissue Growth Of Shoulder Area S3079 Arthrotomy, Glenohumeral Joint, Including Biopsy Including Biopsy S467.13 Incision To Repair Joints Between Shoulder, Chest And Collar Bones S3010 Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy S463.75 S3010 Arthrotomy, Glenohumeral Joint, With Synovectomy, With Or Without Biopsy S463.75 S3010 Arthrotomy, Glenohumeral Joint, With Joint Exploration, With Or Without Removal Of Loose Or Foreign Body S463.75 S3010 Claviculectomy; Partial S3010 Claviculectomy; Partial S469.50 S3010 Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release S3010 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula;	23020 23030	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma	\$632.33 \$308.16	
Arthrotomy, Acromioclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body \$519.58 Biopsy Of Tissue Of Shoulder Area, Superficial \$214.36 Biopsy Of Tissue Of Shoulder Area, Deep \$534.99 Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater \$534.99 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$630.33 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$630.33 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$630.33 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area	23020 23030 23031	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa	\$632.33 \$308.16 \$406.42	
Biopsy Of Tissue Of Shoulder Area, Superficial \$214.36 Biopsy Of Tissue Of Shoulder Area, Deep \$534.99 Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater \$3077 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$3078 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$3079 Siopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$3070 Siopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$362.19 \$3076 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 \$23077 Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area \$1,008.82 \$23078 Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area \$1,280.51 \$23100 Arthrotomy, Glenohumeral Joint, Including Biopsy \$467.13 \$23101 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$32105 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$457.66 \$23106 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$463.75 \$23107 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Removal Of Loose Or Foreign Body \$467.37 \$23107 Arthrotomy; Partial \$469.50 \$23120 Claviculectomy; Partial \$469.50 \$23121 Claviculectomy; Partial \$469.50	23020 23030 23031 23035	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area	\$632.33 \$308.16 \$406.42 \$625.57	
Biopsy Of Tissue Of Shoulder Area, Deep 33071 Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater 342.03 32073 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$630.33 Signary, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$630.33 Signary, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$630.33 Signary, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$630.31 Signary, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$630.32 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.31 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.32 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.31 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.32 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$630.33 Signary, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscu	23020 23030 23031 23035 23040	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77	
Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater \$442.03 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$630.33 Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$630.33 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$362.19 Excision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$362.19 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$362.19 Excision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 Biopsy, Soft Tissue Of Shoulder Area Biopsy, Soft Tissue	23020 23030 23031 23035 23040 23044	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromioclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58	
Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater \$630.33 23075 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm \$362.19 23076 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 5 Cm \$494.76 23077 Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area \$1,008.82 23078 Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area \$1,280.51 23100 Arthrotomy, Glenohumeral Joint, Including Biopsy \$467.13 23101 Incision To Repair Joints Between Shoulder, Chest And Collar Bones 23105 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$421.52 23106 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$463.75 23107 Arthrotomy; Glenohumeral Joint, With Joint Exploration, With Or Without Removal Of Loose Or Foreign Body \$463.75 23107 Claviculectomy; Partial \$463.90 23120 Claviculectomy; Partial \$4674.50 23130 Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release \$632.18 23140 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; \$485.06	23020 23030 23031 23035 23040 23044 23065	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromicclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Biopsy Of Tissue Of Shoulder Area, Superficial	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58	
23075 Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm 23076 Excision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (Eg. Intramuscular); Less Than 5 Cm 23077 Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area 23078 Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area 23078 Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area 23100 Arthrotomy, Glenohumeral Joint, Including Biopsy 23101 Incision To Repair Joints Between Shoulder, Chest And Collar Bones 23105 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy 23106 Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy 23107 Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Removal Of Loose Or Foreign Body 23107 Arthrotomy; Partial 23108 Claviculectomy; Partial 231109 Secondary Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release 231109 Secondary Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; 231100 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula;	23020 23030 23031 23035 23040 23044 23065 23066	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromicolavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy Of Tissue Of Shoulder Area, Deep	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58 \$214.36 \$534.99	
Excision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm \$494.76 23077 Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area \$1,008.82 23078 Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area \$1,280.51 23100 Arthrotomy, Glenohumeral Joint, Including Biopsy \$467.13 23101 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$3421.52 23105 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$463.75 23106 Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy \$463.75 23107 Arthrotomy, Glenohumeral Joint, With Synovectomy, With Or Without Removal Of Loose Or Foreign Body \$605.90 23120 Claviculectomy; Partial \$649.50 23130 Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release \$632.18 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula;	23020 23030 23031 23035 23040 23044 23065 23066 23071	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromicolavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy Of Tissue Of Shoulder Area, Deep Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58 \$214.36 \$534.99	
Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area \$1,008.82 23078 Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area \$1,280.51 23100 Arthrotomy, Glenohumeral Joint, Including Biopsy \$467.13 23101 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$421.52 23105 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$587.66 23106 Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy \$463.75 23107 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Removal Of Loose Or Foreign Body \$605.90 23120 Claviculectomy; Partial \$477.37 23125 Claviculectomy; Total \$649.50 23130 Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release \$632.18 23140 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; \$485.06	23020 23030 23031 23035 23040 23044 23065 23066 23071 23073	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromioclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy, Of Tissue Of Shoulder Area; 3 Cm Or Greater Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58 \$214.36 \$534.99 \$442.03 \$630.33	
Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area \$1,280.51 Arthrotomy, Glenohumeral Joint, Including Biopsy \$467.13 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$421.52 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$587.66 Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy \$463.75 Arthrotomy; Glenohumeral Joint, With Joint Exploration, With Or Without Removal Of Loose Or Foreign Body \$605.90 Claviculectomy; Partial \$477.37 Claviculectomy; Total \$649.50 Arromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release \$632.18 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; \$485.06	23020 23030 23031 23035 23040 23044 23065 23066 23071 23073 23075	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromicclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy Of Tissue Of Shoulder Area, Deep Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58 \$214.36 \$534.99 \$442.03 \$630.33	
Arthrotomy, Glenohumeral Joint, Including Biopsy \$467.13 3101 Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$421.52 32105 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$587.66 32106 Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy \$463.75 32107 Arthrotomy, Glenohumeral Joint, With Joint Exploration, With Or Without Removal Of Loose Or Foreign Body \$605.90 32120 Claviculectomy; Partial \$477.37 22125 Claviculectomy; Total \$649.50 32130 Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release \$632.18 32140 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; \$485.06	23020 23030 23031 23035 23040 23044 23065 23071 23073 23075 23076	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromicclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy Of Tissue Of Shoulder Area; 3 Cm Or Greater Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater Excision, Turnor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm Excision, Turnor, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58 \$214.36 \$534.99 \$442.03 \$630.33 \$362.19	
Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$421.52	23020 23030 23031 23035 23040 23044 23065 23066 23071 23073 23075	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromicolavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Shoulder Area, Subtascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58 \$214.36 \$534.99 \$442.03 \$630.33 \$362.19	
Incision To Repair Joints Between Shoulder, Chest And Collar Bones \$421.52 23105 Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy \$587.66 23106 Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy \$463.75 23107 Arthrotomy, Glenohumeral Joint, With Joint Exploration, With Or Without Removal Of Loose Or Foreign Body \$605.90 23120 Claviculectomy; Partial 23125 Claviculectomy; Total 23125 Claviculectomy; Total 23130 Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release 23140 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; \$485.06	23020 23030 23031 23035 23040 23044 23065 23071 23073 23075 23076	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromicolavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Shoulder Area, Subtascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58 \$214.36 \$534.99 \$442.03 \$630.33 \$362.19 \$494.76	
Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy 3587.66 Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy 463.75 Arthrotomy, Glenohumeral Joint, With Synovectomy, With Or Without Removal Of Loose Or Foreign Body 5005.90 Claviculectomy; Partial 5016.00 Claviculectomy; Total 5023120 Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release 5032.18 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; 5037.66 Starton, With Or Without Biopsy 5046.50 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, With Or Without Removal Of Loose Or Foreign Body 505.90 Starton, Without Removal Or Removal O	23020 23030 23031 23035 23040 23044 23065 23066 23071 23073 23075 23076 23077	Capsular Contracture Release (Eg, Sever Type Procedure) Incision And Drainage; Deep Abscess Or Hematoma Incision And Drainage; Infected Bursa Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Arthrotomy, Acromicolavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body Biopsy Of Tissue Of Shoulder Area, Superficial Biopsy, Of Tissue Of Shoulder Area, Deep Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area	\$632.33 \$308.16 \$406.42 \$625.57 \$749.77 \$519.58 \$214.36 \$534.99 \$442.03 \$630.33 \$362.19 \$492.51	
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Repair Cf Shaulder John Capsule In The Back Of The John St. (1945) Repair Cf Capsule Of Shaulder John With Installation In Multiple Directions \$1,131.78 23470 Ahrtroplesty, Genochumenal Joint, Heminathroplesty In Multiple Directions \$1,131.78 23471 Revision Of Total Shaulder Ahrtroplesty, Including Allograft When Performed; Humeral Or Glenoid Component \$1,452.13 23473 Revision Of Total Shaulder Ahrtroplesty, Including Allograft When Performed; Humeral Or Glenoid Component \$1,452.13 23474 Revision Of Total Shaulder Ahrtroplesty, Including Allograft When Performed; Humeral Or Glenoid Component \$1,452.13 23480 Revision Of Total Shaulder Ahrtroplesty, Including Allograft When Performed; Humeral Or Glenoid Component \$1,742.23 23491 Revision Of Total Shaulder Repair, Total Shoulder \$3,742.63 23492 Revision Of Total Shaulder Repair, Total Shoulder \$3,742.63 23493 Prophylacia Creatment (Naling, Prinnip, Plating Or Winnip With Or Without Methyl Methacrylater, Clavicle \$3,753.00 23494 Prophylacia C Treatment (Naling, Prinnip, Plating Or Winnip With Or Without Methyl Methacrylater, Clavicle \$3,753.00 23595 Protestment Of Clavicular Fracture; Without Manapulation \$3,922.21 23590 Closed Treatment Of Clavicular Fracture; Without Manapulation \$3,922.49 23593 Protestment Of Closed Clavicular Fracture; Without Manapulation \$3,922.49 23593 Closed Treatment Of Closed Stemoclavicular Dislocation; Without Manapulation \$3,922.49 23593 Open Treatment Of Stemoclavicular Dislocation; Without Manapulation \$3,922.49 23593 Open Treatment Of Stemoclavicular Dislocation; Without Manapulation \$3,922.49 23593 Open Treatment Of Stemoclavicular Dislocation; Without Manapulation \$3,922.49 23593 Open Treatment Of Stemoclavicular Dislocation; Without Manapulation \$3,922.49 23593 Open Treatment Of Stemoclavicular Dislocation; Without Manapulation \$3,922.49 23593 Open Treatment Of Stemoclavicular Dislocation; Without Manapulation \$3,922.50 23593 Open Treatment Of Stemoclavicular Dislocation; With Manapulation	23460	Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block	\$989.42	
Repair Of Cappale Of Shoulder Joint With Instability In Mulgipe Directions \$1,127.53 23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder \$1,207.53 23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder \$1,426.13 23473 Revision Of Total Shoulder Anthropiesty, Including Alogyaft When Performed; Humeral Or Glenoid Component \$1,426.13 23474 Revision Of Total Shoulder Repair (Total Shoulder \$1,742.83 23474 Revision Of Total Shoulder Anthropiesty, Including Alogyaft When Performed; Humeral Or Glenoid Component \$1,742.83 23480 Incision To Repair Collishood \$1,742.83 23480 Incision To Repair Collishood \$3574.66 23480 Incision To Repair Collishood \$3574.66 23480 Incision To Repair Collishood \$3595.94 23480 Incision To Repair Collishood \$3595.94 23480 Incision To Repair Collishood \$3595.94 23480 Incision Testiment Collishood \$3595.94 23490 Incision Testiment Collishood \$3595.94 23490 Incision Testiment Collishood \$3595.94 23590 Closed Treatment Of Stemoclavoular Fracture, Will Manipulation \$3507.72 23590 Closed Treatment Of Stemoclavoular Fracture, Will Manipulation \$3577.04 23590 Open Treatment Of Stemoclavoular Dislocation, Will Manipulation \$3577.04 23590 Open Treatment Of Stemoclavoular Dislocation, Will Manipulation \$3577.04 23590 Open Treatment Of Stemoclavoular Dislocation, Acute Or Chronic; Will Fascial Graft (Includes Obtaining Graft) \$3590.40 23590 Open Treatment Of Closed Stemoclavoular Dislocation, Acute Or Chronic; Will Fascial Graft (Includes Obtaining Graft) \$3590.40 23590 Open Treatment Of Closed Collishood \$3590.40 23590 Open Treatment	23462	Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone)	\$1,074.62	
2470 Arthropiasty, Glenohumenal Joint, Heminathropiasty \$1,027.55	23465	Repair Of Shoulder Joint Capsule In The Back Of The Joint	\$1,014.53	
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Closed Treatment Of A Break Of The Upper Portion Of Upper Arm Bone With Manipulation \$439.98	23585	Open Treatment Of Scapular Fracture (Body, Glenoid Or Acromion) Includes Internal Fixation, When Performed	\$840.68	
Section Sect	23600	11 11	\$338.28	
Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture, Includes Internal Fixation, When Performed, Includes Repair Of Tuberosity(S), When Performed; With Proximal Humeral Prosthetic Replacement \$\) \$1,117.90 \$\) \$203.78 \$\) \$23620 Closed Treatment Of Greater Humeral Tuberosity Fracture; With Manipulation \$\) \$360.43 \$\) \$23630 Open Treatment Of Greater Humeral Tuberosity Fracture, Includes Internal Fixation, When Performed \$\) \$712.77 \$\) \$23650 Closed Treatment Of Greater Humeral Tuberosity Fracture, Includes Internal Fixation, When Performed \$\) \$712.77 \$\) \$23650 Closed Treatment Of Shoulder Dislocation, With Manipulation; Requiring Anesthesia \$\) \$295.01 \$\) \$23655 Treatment Of Closed Shoulder Dislocation, With Manipulation; Requiring Anesthesia \$\) \$279.38 \$\) \$23660 Open Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tuberosity, With Manipulation \$\) \$377.56 \$\) \$23655 Closed Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Bone Boney Prominence Outside Of The Joint \$\) \$793.57 \$\) \$23670 The Joint \$\) \$793.57 \$\) \$23670 Closed Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture, With Manipulation \$\) \$793.57 \$\) \$23670 Closed Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture, With Manipulation \$\) \$793.57 \$\) \$23700 The Joint \$\) \$793.57 \$\) \$23700 The Joint \$\) \$793.57 \$\) \$23700 Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Head Or Neck \$\) \$844.16 \$\) \$23700 The Joint \$\) \$793.57 \$\] \$23700 The Joint \$\) \$793.57 \$\] \$23700 The Joint \$\) \$793.57 \$\] \$23700 The Joint Anatomical Neck Fracture, With A Fracture Of The Upper Arm Head Or Neck \$\) \$844.16 \$\] \$23900 Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining Graft) \$\) \$1,162.21 \$\] \$23900 Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining Graft) \$\) \$1,250.83 \$\] Removal Of Tendons, Liga	23605	Closed Treatment Of A Break Of The Upper Portion Of Upper Arm Bone With Manipulation	\$439.98	
Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture, Includes Internal Fixation, When Performed, Includes Repair Of Tuberosity(S), When Performed; With Proximal Humeral Prosthetic Replacement \$23,78 23620 Closed Treatment Of Greater Humeral Tuberosity Fracture; With Manipulation \$203,78 23625 Treatment Of Closed Greater Tuberosity Fracture, Includes Internal Fixation, When Performed \$360,43 23630 Open Treatment Of Greater Humeral Tuberosity Fracture, Includes Internal Fixation, When Performed \$712,77 23650 Closed Treatment Of Shoulder Dislocation, With Manipulation; Without Anesthesia \$295,01 23651 Treatment Of Closed Shoulder Dislocation, With Manipulation; Requiring Anesthesia \$295,01 23652 Treatment Of Shoulder Dislocation, With Manipulation; Requiring Anesthesia \$295,01 23653 Treatment Of Shoulder Dislocation, With Manipulation; Requiring Anesthesia \$297,38 23660 Open Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Bone Boney Prominence Outside Of The Joint 23671 The Joint 23672 Closed Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture, With Manipulation \$793.57 23673 Closed Treatment Of Shoulder Dislocation, With Surgical Or Anatomical Neck Fracture, With Manipulation \$793.57 23674 Open Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Head Or Neck \$844.16 23680 Open Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Head Or Neck \$844.16 23700 "Manipulation Under Anesthesia, Including Application Of Fixation Apparatus (Dislocation Excluded) \$12.231 23800 Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining Graft) 11.62.21 23901 Interthoracoscapular Amputation (Forequarter) 23902 Removal Of Tendons, Ligaments, And Muscles Of Shoulder 23903 Incision And Drainage, Upper Arm Or Elbow Area; Bursa 23903 Incision And Drainage, Upper Arm Or Elbow Area; Bursa		Open Treatment Of Broken Upper Arm Bone, Upper End		
Tuberosity(S), When Performed; With Proximal Humeral Prosthetic Replacement \$1,117.90 23620 Closed Treatment Of Greater Humeral Tuberosity Fracture; Without Manipulation \$203.78 23625 Treatment Of Closed Greater Tuberosity Fracture; With Manipulation \$30.43 23630 Open Treatment Of Greater Humeral Tuberosity Fracture; Ivit Manipulation \$370.47 23650 Closed Treatment Of Shoulder Dislocation, With Manipulation; Without Anesthesia \$295.01 23665 Treatment Of Closed Shoulder Dislocation, With Manipulation; Requiring Anesthesia \$295.01 23660 Open Treatment Of Acute Shoulder Dislocation \$537.56 23665 Closed Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tuberosity, With Manipulation \$537.56 23665 Closed Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tuberosity, With Manipulation \$406.16 23670 The Joint 23670 Closed Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Bone Boney Prominence Outside Of The Joint 23675 Closed Treatment Of Shoulder Dislocation, With Surgical Or Anatomical Neck Fracture, With Manipulation \$514.54 23680 Open Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Head Or Neck \$844.16 23700 *Manipulation Under Anesthesia, Including Application Of Fixation Apparatus (Dislocation Excluded) \$172.31 23800 Arthrodesis, Glenohumeral Joint; \$332.95 23802 Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining Graft) \$1,162.21 23920 Removal Of Tendons, Ligaments, And Muscles Of Shoulder \$1,017.46 23921 Removal Of Tendons, Ligaments, And Muscles Of Shoulder \$251.94 23931 Incision And Drainage, Upper Arm Or Elbow Area; Bursa \$251.94 23931 Incision And Drainage, Upper Arm Or Elbow Area; Bursa		Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture, Includes Internal Fixation, When Performed, Includes Repair Of		
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L23935 [Pricision, Deep, With Opening Of (Eg, Coffex For Osteomyelitis Of Bone Abscess); \$470.72				
	23935	Pricision, Deep, with Opening Of (Eg, Cortex For Osteomyelitis Of Bone Abscess);	\$470.72	

Code	Description	Fee	Prior Auth Status
24000	Incision Of Elbow With Exploration, Drainage, Or Removal Of Foreign Body	\$436.25	
24006	Arthrotomy Of The Elbow, With Capsular Excision For Capsular Release (Separate Procedure)	\$673.09	
24065	Biopsy Of Soft Tissue Of Upper Arm Or Elbow, Superficial Biopsy Of Soft Tissue Of Upper Arm Or Elbow, Deep	\$249.77	
24066 24071	Biopsy, Of Solf Tissue Of Upper Arm Or Elbow, Area; 3 Cm Or Greater	\$584.82 \$429.09	
24073	Biopsy, Soft Tissue Of Opper Ann Of Elbow Area; 5 Cm Or Greater	\$736.94	
24075	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subcutaneous; Less Than 3 Cm	\$474.37	
24076	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$413.34	
24077	Removal (Less Than 5 Centimeters) Tissue Growth Of Upper Arm Or Elbow	\$929.65	
24079	Removal (5 Centimeters Or Greater) Tissue Growth Of Upper Arm Or Elbow	\$1,186.45	
24100	Arthrotomy, Elbow; With Synovial Biopsy Only	\$388.22	
24101	Arthrotomy, Elbow; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body	\$466.13	
24102	Arthrotomy, Elbow; With Synovectomy	\$569.32	
24105	Excision, Olecranon Bursa	\$319.91	
24110	Removal Of Upper Arm Bone Cyst Or Growth Without A Bone Graft	\$543.12	
24115	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Primary Autogenous Graft (Includes Obtaining Graft)	\$706.05	
24116	Removal Of Upper Arm Bone Cyst Or Growth With A Bone Graft	\$783.27	
24120	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process;	\$491.90	
	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Primary Autogenous Graft	0 ==0.40	
24125	(Includes Obtaining Graft)	\$572.40	
04400	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Homogenous Or Other	¢507.00	
24126	Nonautogenous Graft Everining Redict Hood	\$597.08	
24130 24134	Excision, Radial Head Removal Of Dead Upper Arm Bone For Bone Infection In The Main Portion And Lower Portion Or The Bone	\$471.69 \$683.24	
24134	Sequestrectomy (Eq., For Osteomyelitis Or Bone Abscess), Radial Head Or Neck;	\$683.24 \$580.70	
24136	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Radial Head Of Neck, Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Olecranon Process;	\$580.70 \$633.37	
24140	Partial Removal Of Upper Arm Bone (Humerus) For Bone Infection	\$644.88	
24145	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis), Radial Head Or Neck	\$546.42	
24145	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis), Olecranon Process	\$580.62	
24149	Radical Resection Of Capsule, Soft Tissue, And Heterotopic Bone, Elbow, With Contracture Release (Separate Procedure)	\$1,189.23	
24150	Radical Resection Of Tumor, Shaft Or Distal Humerus	\$1,392.14	
24152	Radical Resection of Tumor, Radial Head Or Neck	\$1,212.61	
24155	Resection Of Elbow Joint (Arthrectomy)	\$775.85	
24160	Removal Of Elbow Joint Hardware	\$1,135.85	
24164	Removal Of Hardware Of Forearm Bone At Elbow Joint	\$661.41	
24200	Removal Of Foreign Body Of Upper Arm Or Elbow Area, Accessed Beneath The Skin	\$153.03	
24201	Removal Of Foreign Body, Upper Arm Or Elbow Area	\$517.16	
24220	Injection Procedure For Elbow Arthrography	\$137.94	
24300	Manipulation, Elbow, Under Anesthesia	\$395.68	
24301	Muscle Or Tendon Transfer, Any Type, Single (Excluding 24330)	\$685.94	
24305	Tendon Lengthening, Upper Arm Or Elbow, Each Tendon	\$427.02	
24310	Incision Of Tendon Located From Elbow To Shoulder, Open Procedure	\$417.10	
24320	Tenoplasty, With Muscle Transfer, With Or Without Free Graft, Elbow To Shoulder, Single (Seddon-Brookes Type Procedure)	\$712.07	
24330	Flexor-Plasty, Elbow, (Eg, Steindler Type Advancement);	\$656.92	
24331	Relocation Of Forearm Tendons With Advancement Of The Extensor Tendons	\$716.87	
24332	Tenolysis, Triceps	\$565.94	
24340	Tenodesis Of Biceps Tendon At Elbow (Separate Procedure)	\$568.34	
24341	Repair, Tendon Or Muscle, Upper Arm Or Elbow, Each Tendon Or Muscle, Primary Or Secondary (Excludes Rotator Cuff)	\$502.39	
24342	Reinsertion Of Ruptured Biceps Or Triceps Tendon, Distal, With Or Without Tendon Graft	\$787.74	
24343	Repair Of Ligament On The Outside Of The Elbow With Local Tissue	\$714.43	
24344	Repair Of Ligament On The Outside Of The Elbow With A Tendon Graft	\$998.88	
24345	Repair Of Ligament On The Inside Of The Elbow With Local Tissue	\$709.38	
24346	Repair Of Ligament On The Inside Of The Elbow With A Tendon Graft	\$1,005.49	
24357	Incision Of Tendon To Repair Elbow Joint, Accessed Through The Skin	\$447.26	
24358	Removal Of Tissue And/Or Bone At Elbow, Open Procedure	\$526.62	
24359	Removal Of Tissue And/Or Bone At Elbow With Tendon Repair, Open Procedure	\$665.45	
24360	Repair Of Elbow Joint With Interposition Of Tissue	\$822.77	
24361	Repair Of Elbow Joint With Replacement Of The Endo Of The Upper Arm Bone At The Elbow	\$916.14	
24362	Repair Of Elbow Joint With And Implant And Fibrous Tissue Reconstruction	\$963.10	
24363	Arthroplasty, Elbow; With Distal Humerus And Proximal Ulnar Prosthetic Replacement (Eg, Total Elbow)	\$1,308.94 \$597.03	
24365	Joint Repair (Arthroplasty) Forearm Bone On The Thumb Side (Radius) At The Elbow Without An Implant Joint Repair (Arthroplasty) Forearm Bone On The Thumb Side (Radius) At The Elbow With And Implant	\$587.93	
24366	Joint Repair (Arthroplasty) Forearm Bone On The Thumb Side (Radius) At The Elbow With And Implant	\$625.00	
24370	Revision Of Total Elbow Repair (Arthroplasty), Upper Arm Or Forearm Components Revision Of Total Elbow Repair (Arthroplasty), Upper Arm And Forearm Components	\$1,390.39	
24371 24400	Osteotomy, Humerus, With Or Without Internal Fixation	\$1,595.13 \$754.50	
24410	Multiple Osteotomies With Realignment On Intramedullary Rod (Sofield Type Procedure)	\$754.50 \$961.22	
24420	Osteoplasty, Humerus (Eg, Shortening Or Lengthening)	\$980.61	
24430	Repair Of Nonunion Or Malunion, Humerus; Without Graft (Eg. Compression Technique, Etc)	\$1,065.20	
24435	Repair Of Nonunion Or Malunion, Humerus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	\$1,093.29	
24470	Hemiepiphyseal Arrest (Eg, Cubitus Varus Or Valgus, Distal Humerus)	\$616.73	
24495	Decompression Fasciotomy, Forearm, With Brachial Artery Exploration	\$570.98	
24498	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humeral Shaft	\$789.37	
24500	Closed Treatment A Fracture Of The Mid Portion Of The Upper Arm Bone Without Manipulation	\$364.39	
24505	Closed Treatment Of A Break Of The Mid Portion Of Upper Arm Bone With Manipulation	\$395.71	
24515	Open Treatment Of Broken Upper Arm Bone, Mid-Portion	\$873.17	-
24516	Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without Cerclage And/Or Locking Screws	\$873.17	
24530	Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; Without Manipulation	\$400.54	
	Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; With Manipulation, With Or	_	
24535	Without Skin Or Skeletal Traction	\$468.54	
24538	Insertion Of Hardware To Growth Plate Or Broken Upper Arm Bone At Elbow, Accessed Through The Skin	\$811.30	
24545	Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; Without Intercondylar	#070 1T	
24545	Extension Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; With Intercondylar	\$870.47	
24546	Open Treatment Of Humeral Supracondylar Of Transcondylar Fracture, Includes Internal Fixation, When Performed; With Intercondylar Extension	\$975.23	
24560	Lateriston Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; Without Manipulation	\$231.15	
24565	Treatment Of Closed Epicondylar Fracture, Medial Or Lateral; With Manipulation	\$506.23	
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Code	Description	Fee	Prior Auth Status
24566	Insertion Of Hardware To Broken Upper Arm Bone At Elbow With Manipulation, Accessed Through The Skin	\$662.96	
24575	Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed	\$750.77	
24576	Closed Treatment Of Humeral Condylar Fracture, Medial Or Lateral; Without Manipulation	\$244.34	
24577	Treatment Of Closed Condylar Fracture, Medial Or Lateral; With Manipulation	\$399.82	
24579	Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed	\$775.26	
24582	Insertion Of Hardware To Broken Upper Arm Bone At Shoulder With Manipulation, Accessed Through The Skin	\$612.84	
24586	Open Treatment Of Broken And/Or Dislocated Upper Or Lower Arm Bones At Elbow	\$1.097.59	
24587	Open Treatment Of Broken And/Or Dislocated Upper Or Lower Arm Bones At Elbow With Implant	\$987.67	
24600	Treatment Of Closed Elbow Dislocation; Without Anesthesia	\$256.18	
24605	Treatment Of Closed Elbow Dislocation; Requiring Anesthesia	\$326.13	
24615	Open Treatment of Acute Or Chronic Elbow Dislocation	\$766.68	
24013	Closed Treatment of Monteggia Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulna With Dislocation Of Radial Head), With	φ/00.00	
24620	Manipulation	\$439.49	
24020	Open Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulna With Dislocation Of Radial Head),	φ435.45	
0.4005	, ,	PC00 24	
24635	Includes Internal Fixation, When Performed	\$689.31	
24640	Closed Treatment Of Dislocated Forearm Bone Of Elbow, Child	\$110.87	
24650	Closed Treatment Of Radial Head Or Neck Fracture; Without Manipulation	\$253.14	
24655	Closed Treatment Of Broken Forearm (Radius) Bone At The Elbow Area On The Outside Part Of The Arm With Manipulation	\$308.00	
24665	Open Treatment Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone) In The Elbow Region	\$630.03	
	Open Treatment Of Radial Head Or Neck Fracture, Includes Internal Fixation Or Radial Head Excision, When Performed; With Radial Head		
24666	Prosthetic Replacement	\$745.74	
24670	Closed Treatment Of Ulnar Fracture, Proximal End (Eg, Olecranon Or Coronoid Process[Es]); Without Manipulation	\$203.06	
24675	Closed Treatment Of Broken Forearm (Ulna)Bone At The Elbow Area On The Inside Or Back Part Of The Arm With Manipulation	\$435.51	
24685	Open Treatment Of The Forearm Bone On The Small Finger Side Of The Forearm (Ulna Bone) In The Elbow Region	\$690.55	
24800	Fusion Of Elbow Joint Without Bone Graft From The Patient	\$761.39	
24802	Fusion Of Elbow Joint With Bone Graft From The Patient	\$911.66	
24900	Amputation, Arm Through Humerus; With Primary Closure	\$703.16	
24920	Amputation At Upper Arm Bone, Open Procedure	\$669.49	
24925	Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision	\$539.09	
24930	Amputation, Arm Through Humerus; Reamputation	\$740.89	
24931	Amputation, Arm Through Humerus; With Implant	\$845.52	
24935	Stump Elongation	\$1,120.93	
24940	Cineplasty, Upper Extremity, Complete Procedure	\$1,567.04	
24999	Unifisted Procedure, Humerus Or Elbow	Price By Report	
	Inicision Or The Tendon Covering On The Top Side Of The Wrist		
25000 25001	Incision Or The Tendon Covering On The Palm Side Of The Wrist	\$301.28 \$323.62	
25001	Incision Of Ties rendom Covering Off The Paint Side Of The Wrist Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On One Side Of The Forearm To Relieve Pressure, Without Removal Of	\$323.02	
25020	Tissue OF Foream Antivor whist wusde Compartment Off One Side Of the Foream To Kelleve Fressule, without Kellioval Of Tissue	# E00.00	
25020	lissue	\$522.93	
05000	Jacinian Of Tiagua Of Eargarm And/Or Wrist Munda Compartment On One Cide Of The Eargarm To Baliana Processor, With Removal Of Tiagua	£4.440.74	
25023	Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On One Side Of The Forearm To Relieve Pressure, With Removal Of Tissue	\$1,149.74	
	Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On Both Sides Of The Forearm To Relieve Pressure, Without Removal Of		
25024	Tissue	\$714.99	
	Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On Both Sides Of The Forearm To Relieve Pressure, With Removal Of		
25025	Tissue	\$1,068.67	
25028	Incision And Drainage; Deep Abscess Or Hematoma	\$490.47	
25031	Incision And Drainage, Forearm And/Or Wrist; Bursa	\$341.70	
25035	Incision, Deep, Bone Cortex, Forearm And/Or Wrist (Eg, Osteomyelitis Or Bone Abscess)	\$557.62	
25040	Arthrotomy, Radiocarpal Or Midcarpal Joint, With Exploration, Drainage, Or Removal Of Foreign Body	\$521.46	
25065	Biopsy Of Tissue Of Forearm And/Or Wrist, Superficial	\$246.49	
25066	Biopsy Of Tissue Of Forearm And/Or Wrist, Deep	\$338.96	
25071	Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	\$449.83	
25073	Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	\$490.63	
25075	Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subcutaneous; Less Than 3 Cm	\$365.75	
25076	Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subfascial (Eg, Intramuscular); Less Than 3 Cm	\$476.07	
	Removal (Less Than 3 Centimeters) Tissue Growth At Forearm And/Or Wrist		
25077			
25078 25085		\$806.94	
ノンロメケ	Removal (3 Centimeters Or Greater) Tissue Growth At Forearm And/Or Wrist	\$806.94 \$1,044.87	
	Incision To Repair Or Release Wrist Joint Covering	\$806.94 \$1,044.87 \$413.14	
25100	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy	\$806.94 \$1,044.87 \$413.14 \$325.12	
25100 25101	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73	
25100 25101 25105	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92	
25100 25101	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86	
25100 25101 25105	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92	
25100 25101 25105 25107	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86	
25100 25101 25105 25107 25109	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82	
25100 25101 25105 25107 25109 25110	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision, Lesion Of Tendon Sheath	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82	
25100 25101 25105 25107 25109 25110 25111 25112	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision, Lesion Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17	
25100 25101 25105 25107 25109 25110 25111 25112 25115	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision, Lesion Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary Removal Of Cyst At Wrist, Recurrent Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons)	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17 \$660.51	
25100 25101 25105 25107 25109 25110 25111 25112 25115 25116	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision, Lesion Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary Removal Of Cyst At Wrist, Recurrent Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons) Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons)	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17 \$660.51	
25100 25101 25105 25107 25109 25110 25111 25112 25115 25116 25118	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision, Lesion Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary Removal Of Cyst At Wrist, Recurrent Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons) Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons) Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment;	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17 \$60.51 \$557.12	
25100 25101 25105 25107 25109 25110 25111 25112 25115 25116 25118 25119	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision, Lesion Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary Removal Of Cyst At Wrist, Initial Or Primary Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons) Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons) Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; Removal Of Lining Of Tendon Covering Of Wrist With Removal Of The End Of The Forearm Bone On The Small Finger Side Of The Wrist	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17 \$660.51 \$557.12 \$395.40	
25100 25101 25105 25107 25109 25110 25111 25112 25115 25116 25118	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision Lesion Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary Removal Of Cyst At Wrist, Recurrent Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons) Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons) Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; Removal Of Lining Of Tendon Covering Of Wrist With Removal Of The End Of The Forearm Bone On The Small Finger Side Of The Wrist Excision Or Currettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process);	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17 \$60.51 \$557.12	
25100 25101 25105 25107 25109 25110 25111 25112 25115 25116 25118 25119	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Diont Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision, Lesion Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary Removal Of Cyst At Wrist, Initial Or Primary Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons) Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons) Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; Removal Of Lining Of Tendon Covering Of Wrist With Removal Of The End Of The Forearm Bone On The Small Finger Side Of The Wrist Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17 \$660.51 \$557.12 \$395.40 \$463.86	
25100 25101 25105 25107 25109 25110 25111 25112 25115 25116 25118 25119	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision, Lesion Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary Removal Of Cyst At Wrist, Initial Or Primary Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons) Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons) Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; Removal Of Lining Of Tendon Covering Of Wrist With Removal Of The End Of The Forearm Bone On The Small Finger Side Of The Wrist Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Primary Autogenous Graft (Includes Obtaining Graft)	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17 \$660.51 \$557.12 \$395.40	
25100 25101 25105 25107 25109 25110 25111 25111 25115 25116 25118 25119 25120	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Ajoint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision, Lesion Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary Removal Of Cyst At Wrist, Initial Or Primary Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons) Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons) Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; Removal Of Lining Of Tendon Covering Of Wrist With Removal Of The End Of The Forearm Bone On The Small Finger Side Of The Wrist Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Primary Autogenous Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17 \$660.51 \$557.12 \$395.40 \$463.86 \$515.96	
25100 25101 25105 25107 25109 25110 25111 25111 25115 25116 25118 25120 25125 25125	Incision To Repair Or Release Wrist Joint Covering Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Biopsy Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body Incision Into Wrist Joint With Removal Of Joint Lining Tissue Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each Excision Of Tendon Sheath Removal Of Cyst At Wrist, Initial Or Primary Removal Of Cyst At Wrist, Initial Or Primary Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons) Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons) Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; Removal Of Lining Of Tendon Covering Of Wrist With Removal Of The End Of The Forearm Bone On The Small Finger Side Of The Wrist Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Primary Autogenous Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Homogenous Or Other Nonautogenous Graft	\$806.94 \$1,044.87 \$413.14 \$325.12 \$417.73 \$450.92 \$542.86 \$494.82 \$373.82 \$336.07 \$399.17 \$660.51 \$557.12 \$395.40 \$463.86 \$515.96	
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25248	Description Exploration With Removal Of Deep Foreign Body, Forearm Or Wrist	Fee \$363.72	Prior Auth Status
25250	Removal Of Wrist Prosthesis, Simple	\$492.37	
25251	Removal Of Wrist Prosthesis, Complicated	\$658.23	
25259	Manipulation, Wrist, Under Anesthesia	\$397.81	
25260	Repair Of Tendon Or Muscle Of Forearm And/Or Wrist, Primary	\$572.10	
25263	Repair Of Tendon Or Muscle Of Forearm And/Or Wrist, Secondary	\$584.16	
25265	Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Underside Of The Wrist (Flexor) With Graft	\$690.01	
25270 25272	Removal Of Upper Arm Bone Cyst Or Growth Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Top Of The Wrist (Extensor), Secondary	\$384.80 \$515.52	
25274	Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Top Of The Wrist (Extensor) With Graft	\$611.95	
	Repair, Tendon Sheath, Extensor, Forearm And/Or Wrist, With Free Graft (Includes Obtaining Graft) (Eg, For Extensor Carpi Ulnaris	*	
25275	Subluxation)	\$618.51	
25280	Lengthening Or Shortening Of Flexor Or Extensor Tendon, Single, Each Tendon	\$522.88	
25290 25295	Incision Of Tendon Of Forearm And/Or Wrist, Open Procedure Tenolysis, Single Flexor Or Extensor Tendon, Each Tendon	\$318.19 \$395.23	
25300	Anchoring Telador Of Fingers To Wrist Bone	\$634.05	
25301	Anchoring Of Extending Tendon Of Fingers To Wrist Bone	\$591.77	
25310	Tendon Transplantation Or Transfer, Flexor Or Extensor, Single; Each Tendon	\$636.02	
25312	Tendon Transplantation Or Transfer, Flexor Or Extensor, Single; With Tendon Graft(S) (Includes Obtaining Graft), Each Tendon	\$656.95	
25315	Flexor Origin Slide (Eg, For Cerebral Palsy, Volkmann Contracture), Forearm And/Or Wrist;	\$702.89	
25316 25320	Flexor Origin Slide For Cerebral Palsy; With Tendon(S) Transfer Repair Of Wrist Joint, Open Procedure	\$834.78 \$862.16	
25332	Repair Of Wrist Joint (Arthroplasty)	\$773.22	
	Transposition And Realignment Of Hand Over Ulna With Or Without Removal Of Bone Or Bones, And With Or Without Tendon Transfer Or	V.1.0.	
25335	Advancement (Riordon Type Operation)	\$860.23	
0505-	Reconstruction For Stabilization Of Unstable Distal Ulna Or Distal Radioulnar Joint, Secondary By Soft Tissue Stabilization (Eg, Tendon Transfer, Tendon Craft Or Words, Or Tendons With Or Without Open Reduction Of Distal Radioulnar, Joint	*	
25337	Transfer, Tendon Graft Or Weave, Or Tenodesis) With Or Without Open Reduction Of Distal Radioulnar Joint Incision Or Wedge Of Forearm Bone (Radius) On The Thumb Side Of The Forearm Towards The Wrist Area	\$813.41	
25350 25355	Incision Or Wedge Of Forearm Bone (Radius) On The Thumb Side Of The Forearm Towards The Wrist Area Incision Or Wedge Of Forearm Bone (Radius) On The Thumb Side Of The Forearm In The Mid Forearm Region	\$620.37 \$699.28	
25360	Incision Or Wedge Of Forearm Bone (Ulna) On The Small Finger Side Of The Forearm	\$602.81	
25365	Incision Or Wedge Of Both Forearm Bones (Ulna And Radius)	\$928.84	
25370	Incisions Or Wedges Of One Or Both Forearm Bones (Ulna And Radius) With Insertion Of A Rod Inside The Bone	\$922.54	
25375	Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type Procedure); Radius And Ulna	\$868.64	
25390	Osteoplasty, Radius Or Ulna; Shortening	\$795.47	
25391	Osteoplasty, Radius Or Ulna; Lengthening With Autogenous Bone Graft	\$905.99	
25392 25393	Osteoplasty, Radius And Ulna; Shortening Osteoplasty, Radius And Ulna; Lengthening With Autogenous Bone Graft	\$921.61 \$1,023.82	
25393	Osteoplasty, Radius Arid Olina, Lenginening With Autogenous Bone Graft Osteoplasty, Carpal Bone, Shortening	\$1,023.82	
25400	Repair Of Nonunion Or Malunion, Radius Or Ulna; Without Graft (Eq. Compression Technique, Etc)	\$815.50	
25405	Repair Of Nonunion Or Malunion, Radius Or Ulna; With Autograft (Includes Obtaining Graft)	\$945.86	
25415	Repair Of Nonunion Or Malunion, Radius And Ulna; Without Graft (Eg, Compression Technique, Etc)	\$881.31	
25420	Repair Of Nonunion Or Malunion, Radius And Ulna; With Autograft (Includes Obtaining Graft)	\$1,057.33	
25425	Repair Of Defect With Autogenous Bone Graft; Radius Or Ulna	\$877.59	
25426	Repair Of Defect With Autogenous Bone Graft; Radius And Ulna	\$1,018.25	
25430 25431	Insertion Of Vascular Pedicle Into Carpal Bone (Eg, Harii Procedure) Repair Of Non-Healed Wrist Bone Other Than (Scaphoid Or Navicular)	\$669.99 \$719.26	
25440	Repair Of Non-Healed Wrist Bone, Scaphoid Or Navicular At The Base Of The Thumb	\$808.25	
25441	Arthroplasty Or Replacement Of The End Of The Forearm Bone On The Thumb Side At The Wrist Level	\$854.44	
25442	Arthroplasty Or Replacement Of The End Of The Forearm Bone On The Small Finger Side At The Wrist Level	\$743.17	
25443	Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Scaphoid Or Navicular Bone)	\$718.37	
25444 25445	Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Lunate Bone) Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Trapezium Bone)	\$759.45 \$660.23	
25446	Arthroplasty Or Replacement of The Entire Wrist Joint	\$1,064.95	
25447	Arthroplasty, Interposition, Intercarpal Or Carpometacarpal Joints	\$847.91	
25449	Arthroplasty With Removal Of Implant	\$943.09	
25450	Stapling Of Growth Plate Of Either Of The Two Main Forearm Bones	\$567.91	
25455	Stapling Of Growth Plate Of Both Of The Two Main Forearm Bones Stabilization Of Forearm Bone On The Thumb Side (Radius)	\$669.99 \$657.00	
25490 25491	Stabilization Of Forearm Bone On The Triumb Side (Kadius) Stabilization Of Forearm Bone On The Small Finger Side (Ulna)	\$657.90 \$675.82	
25492	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Radius And Ulna	\$826.70	
25500	Closed Treatment Of Broken Forearm Bone (Radius) At The Mid Portion On The Thumb Side Of The Arm Without Manipulation	\$253.34	
25505	Closed Treatment Of Broken Forearm Bone (Radius) At The Mid Portion On The Thumb Side Of The Arm With Manipulation	\$359.68	
25515	Open Treatment Of The Shaft Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone) Closed Treatment Of Broken Forearm And Dislocated Wrist Bones	\$690.07 \$400.56	
25520	Open Treatment Of Broken Forearm and Dislocated Wrist Bones Open Treatment Of Radial Shaft Fracture, Includes Internal Fixation, When Performed, And Closed Treatment Of Distal Radioulnar Joint	\$499.56	
25525	Dislocation (Galeazzi Fracture/ Dislocation), Includes Percutaneous Skeletal Fixation, When Performed	\$802.98	
	Open Treatment Of The Shaft Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone) Associated With A Dislocation At		
25526	The Wrist, Includes Internal Hardware	\$872.19	
25530	Closed Treatment Of Broken Forearm Bone (Ulna) At The Mid Portion On The Small Finger Side Of The Arm Without Manipulation Closed Treatment Of Broken Forearm Rone (Ulna) At The Mid Portion On The Small Finger Side Of The Arm With Manipulation	\$183.39	
25535 25545	Closed Treatment Of Broken Forearm Bone (Ulna) At The Mid Portion On The Small Finger Side Of The Arm With Manipulation Open Treatment Of The Shaft Of The Forearm Bone On The Small Finger Side Of The Forearm, Ulna Bone	\$359.49 \$675.51	
25560	Closed Treatment Of Both Forearm Bones (Ulna And Ulna) At The Mid Portion Without Manipulation	\$276.13	
25565	Treatment Of Closed Radial And Ulnar Shaft Fractures; With Manipulation	\$565.78	
25574	Open Treatment Of Broken One Forearm Bone	\$668.62	
25575	Open Treatment Of Broken Both Forearm Bones	\$857.88	
25600	Closed Treatment Of Broken Forearm (Radius) Bone At The Wrist Area On The Thumb Side Of The Wrist Without Manipulation Treatment Of Closed Pictal Radial Frequency (Fg. Colleg Or Smith Type) Or Eniphysical Separation, With Or Without Frequency Of Ulbert Styleid:	\$303.52	
25605	Treatment Of Closed Distal Radial Fracture (Eg, Colles Or Smith Type) Or Epiphyseal Separation, With Or Without Fracture Of Ulnar Styloid; With Manipulation	\$559.61	
25606	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin	\$671.11	
25607	Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation	\$732.70	
25608	Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments	\$827.60	
25609	Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments	\$1,055.88	
25622	Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation	\$213.62	
25624	Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, With Manipulation Open Treatment Of Broken Wrist (Carpal) Reper Pottuges The Thumb And Wrist (Navioular)	\$440.69	
25628	Open Treatment Of Broken Wrist (Carpal) Bone, Between The Thumb And Wrist (Navicular)	\$634.92	

Code	Description	Fee	Prior Auth Status
25630	Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, Without Manipulation	\$211.71	
25635	Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, With Manipulation	\$438.21	
25645	Open Treatment Of Broken Other Wrist (Carpal) Bone, Than The Bone Between The Thumb And Wrist (Navicular)	\$570.94	
25650 25651	Closed Treatment Of Ulnar Styloid Fracture Insertion Of Hardware Broken Bone Of Forearm At Wrist, Accessed Through The Skin	\$229.07 \$479.07	
25652	Open Treatment Of Ulnar Styloid Fracture	\$626.97	
25660 25670	Closed Treatment Of Dislocated Wrist Between The Forearm Bone And The Hand, With Manipulation Open Treatment Of Radiocarpal Or Intercarpal Dislocation, One Or More Bones	\$418.40 \$559.62	
25671	Insertion Of Hardware To Dislocated Wrist, Accessed Through The Skin	\$490.35	
25675	Closed Treatment Of Dislocated Wrist Between The Thumb Side And Small Finger Side Forearm Bones At The Wrist, With Manipulation	\$308.73	
25676 25680	Open Treatment Of Distal Radioulnar Dislocation, Acute Or Chronic Closed Treatment Of Dislocated Wrist Through The Mid Portion Of The Wrist (Carpus) Bones With Manipulation	\$580.76 \$492.10	
25685	Open Treatment Of Trans-Scaphoperilunar Type Of Fracture Dislocation	\$672.32	
25690	Closed Treatment Of Lunate Dislocation, With Manipulation Open Treatment Of Dislocation Wrist Bone (Lunate)	\$456.84	
25695 25800	Arthrodesis, Wrist; Complete, Without Bone Graft (Includes Radiocarpal And/ Or Intercarpal And/Or Carpometacarpal Joints)	\$582.35 \$745.96	
25805	Arthrodesis, Wrist Joint; With Sliding Graft	\$774.18	
25810 25820	Arthrodesis, Wrist Joint; With Iliac Or Other Autogenous Distant Bone Graft (Includes Obtaining Graft) Arthrodesis, Wrist; Limited, Without Bone Graft (Eg, Intercarpal Or Radiocarpal)	\$792.17 \$684.12	
25825	Intercarpal Fusion; With Autogenous Bone Graft (Includes Obtaining Graft)	\$736.72	
25830	Arthrodesis, Distal Radioulnar Joint With Segmental Resection Of Ulna, With Or Without Bone Graft (Eg, Sauve-Kapandji Procedure)	\$969.11	
25900 25905	Amputation, Forearm, Through Radius And Ulna; Amputation Through Both Bones Of Forearm, Open Procedure	\$657.30 \$658.46	
25907	Amputation, Forearm, Through Radius And Ulna; Secondary Closure Or Scar Revision	\$564.65	
25909	Amputation, Forearm, Through Radius And Ulna; Reamputation	\$595.16	
25915 25920	Krukenberg Procedure Removal Of Tendons, Ligaments, And Muscles Of Wrist	\$1,055.08 \$676.36	
25922	Removal Of Tendons, Ligaments, And Muscles Of Wrist, Secondary Closure	\$601.24	
25924	Removal Of Tendons, Ligaments, And Muscles Of Wrist With Re-Amputation Of Remaining Arm	\$661.19	
25927 25929	Transmetacarpal Amputation; Transmetacarpal Amputation; Secondary Closure Or Scar Revision	\$813.82 \$550.79	
25931	Transmetacarpal Amputation; Reamputation	\$756.17	
25999	Unlisted Procedure, Forearm Or Wrist	Price By Report	
26010 26011	Drainage Of Finger Abscess, Uncomplicated Drainage Of Finger Abscess, Complicated	\$248.78 \$346.99	
26020	Drainage Of Tendon Sheath, Digit And/Or Palm, Each	\$377.51	
26025 26030	Drainage Of Palmar Bursa; Single, Bursa Drainage Of Palmar Bursa; Multiple Bursa	\$389.60 \$472.90	
26034	Incision, Bone Cortex, Hand Or Finger (Eg, Osteomyelitis Or Bone Abscess)	\$485.08	
26035	Decompression Fingers And/Or Hand, Injection Injury (Eg, Grease Gun, Etc)	\$747.02	
26037 26040	Decompressive Fasciotomy, Hand (Excludes 26035) Release Of Tissues Of Palm, Accessed Through The Skin	\$515.49 \$295.16	
26045	Partial Release Of Tissues Of Palm, Open Procedure	\$410.35	
26055	Tendon Sheath Incision (Eg, For Trigger Finger)	\$421.08	
26060 26070	Incision Of Finger Tendon, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body Of Wrist Bone	\$241.32 \$299.20	
26075	Exploration, Drainage, Or Removal Of Foreign Body Of Joint Between The Fingers And The Hand	\$307.32	
26080 26100	Exploration, Drainage, Or Removal Of Foreign Body Of Hand Joint Between The Finger Joints Arthrotomy With Biopsy; Carpometacarpal Joint, Each	\$353.74 \$315.82	
26105	Arthrotomy With Biopsy; Metacarpophalangeal Joint, Each	\$317.90	
26110	Arthrotomy With Synovial Biopsy; Interphalangeal Joint, Each	\$303.68	
26111	Arthrotomy With Biopsy; 1.5 Cm Or Greater Arthrotomy With Biopsy; 1.5 Cm Or Greater	\$424.56 \$575.45	
	Excision, Tumor Or Vascular Malformation, Soft Tissue Of Hand Or Finger, Subcutaneous; Less Than 1.5 Cm	\$385.95	
26116	Excision, Tumor, Soft Tissue, Or Vascular Malformation, Of Hand Or Finger, Subfascial (Eg, Intramuscular); Less Than 1.5 Cm	\$378.40	
26117 26118	Removal (Less Than 3 Centimeters) Tissue Growth Of Hand Or Finger Removal (3 Centimeters Or Greater) Tissue Growth Of Hand Or Finger	\$675.63 \$961.68	
26121	Removal Of Tissue Of Palm Only	\$553.21	
26123	Removal Of Tissue Of Palm And Release Of Finger	\$855.63	
26125 26130	Removal Of Tissue Of Palm And Release Of Finger, Additional Digit Removal Of The Lining Of The Wrist Joint	\$267.74 \$434.37	
26135	Synovectomy, Metacarpophalangeal Joint Including Intrinsic Release And Extensor Hood Reconstruction, Each Digit	\$512.51	
26140	Removal Of The Joint Lining And Repair Of The Tendon On The Topside Of The Finger (Extensor Tendon)	\$470.67	
26145 26160	Repair Of Tendon, Finger And/Or Hand Excision Of Lesion Of Tendon Sheath Or Joint Capsule (Eg, Cyst, Mucous Cyst, Or Ganglion), Hand Or Finger	\$530.15 \$437.41	
26170	Excision Of Tendon, Palm, Flexor Or Extensor, Single, Each Tendon	\$379.43	
26180	Excision Of Tendon, Finger, Flexor Or Extensor, Each Tendon Second determy, Thumb Or Finger (Separate Procedure)	\$384.47	
26185 26200	Sesamoidectomy, Thumb Or Finger (Separate Procedure) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Metacarpal;	\$514.58 \$413.19	
26205	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Metacarpal; With Autogenous Graft (Includes Obtaining Graft)	\$556.90	
26210	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle Or Distal Phalanx;	\$415.76	
26215	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle Or Distal Phalanx; With Autogenous Graft (Includes Obtaining Graft)	\$522.49	
26230	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis); Metacarpal	\$461.97	
26235 26236	Partial Removal Of Finger Bone For Bone Infection At The Middle Of Hand Side Of The Finger Partial Removal Of Finger Bone For Bone Infection At The End Of The Finger	\$424.99 \$375.25	
26250	Radical Resection Of Tumor, Metacarpal	\$965.92	
26260	Radical Resection Of Tumor, Proximal Or Middle Phalanx Of Finger	\$725.40	
26262 26320	Radical Resection Of Tumor, Distal Phalanx Of Finger Removal Of Implant From Finger Or Hand	\$577.21 \$325.85	
26340	Manipulation, Finger Joint, Under Anesthesia, Each Joint	\$333.26	
26341	Manipulation Of Palm Pretendinous Cord Following Enzyme Injection Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) Without A Graft Not In Zone 2	\$110.62	
26350	propair on ringer retidunt on the unider side of the datid (Flexor) without A Grait Not in 20ne 2	\$654.75	

Code	Description	Fee	Prior Auth Status
26352	Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) With A Graft Not In Zone 2	\$795.00	
26356	Repair Of Finger Tendon (Primary) On The Under Side Of The Hand (Flexor) Without A Graft In Zone 2	\$825.45	
26357	Repair Of Finger Tendon (Secondary) On The Under Side Of The Hand (Flexor) Without A Graft In Zone 2	\$821.31	
26358	Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) With A Graft In Zone 2	\$904.42	
26370	Repair Of Finger Deep Tendon (Primary) On The Under Side Of The Hand (Flexor) With An Intact Superficial Tendon)	\$782.19	
26372	Repair Of Finger Tendon (Secondary) On The Under Side Of The Hand (Flexor) With A Graft In Zone 2	\$869.53	
26373	Repair Of Finger Deep Tendon (Secondary) On The Under Side Of The Hand (Flexor) With An Intact Superficial Tendon)	\$838.39	
26390	Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) With Implanted Rod	\$827.81	
26392	Removal Of Synthetic Rod And Insertion Of Flexor Tendon Graft, Hand Or Finger (Includes Obtaining Graft), Each Rod	\$946.52	
26410	Repair, Extensor Tendon, Hand, Primary Or Secondary; Without Free Graft, Each Tendon	\$424.78	
26412	Extensor Tendon Repair, Dorsum Of Hand, Single, Primary Or Secondary; With Free Graft (Includes Obtaining Graft), Each Tendon	\$686.31	
26415	Excision Of Extensor Tendon, With Implantation Of Synthetic Rod For Delayed Tendon Graft, Hand Or Finger, Each Rod	\$922.47	
26416	Removal Of Synthetic Rod And Insertion Of Extensor Tendon Graft (Includes Obtaining Graft), Hand Or Finger, Each Rod	\$870.78	
26418	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft	\$441.63	
26420	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) With A Graft	\$665.05	
	Repair Of Extensor Tendon, Central Slip, Secondary (Eg, Boutonniere Deformity); Using Local Tissue(S), Including Lateral Band(S), Each		
26426	Finger	\$519.02	
26428	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) With A Graft, Central Slip, Boutonniere Deformity	\$758.95	
26432	Closed Treatment Of Distal Extensor Tendon Insertion, With Or Without Percutaneous Pinning (Eg, Mallet Finger)	\$385.09	
26433	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft Toward The End Of The Finger (Mallet Finger)	\$516.35	
	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft Toward The End Of The Finger (Mallet Finger) With A		
26434	Graft	\$487.26	
26437	Realignment Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft	\$598.62	
26440	Removal Of Scar Tissue To Release Tendon On The Palm Of The Hand (Flexor) Or Finger	\$587.47	
26442	Tenolysis, Simple, Flexor Tendon; Palm And Finger, Each Tendon	\$937.84	
26445	Removal Of Scar Tissue To Release Tendon On The Top Of The Hand (Extensor) Or Finger	\$431.39	
26449	Tenolysis, Complex, Extensor Tendon, Finger, Including Forearm, Each Tendon	\$643.55	
26450	Incision Of Tendon Of Palm, Open Procedure	\$445.41	
26455	Incision Of Tendon Of Finger, Open Procedure	\$416.87	
26460	Incision Of Tendon Of Hand Or Finger, Open Procedure	\$434.47	
26471	Tenodesis; Of Proximal Interphalangeal Joint, Each Joint	\$632.18	
26474	Tenodesis; Of Distal Joint, Each Joint	\$624.47	
26476	Lengthening Of Tendon Of Hand Or Finger On The Back Of The Hand (Extensor)	\$617.16	
26477	Shortening Of Tendon, Extensor, Hand Or Finger, Each Tendon	\$600.53	
26478	Lengthening Of Tendon Of Hand Or Finger On The Front Of The Hand (Flexor)	\$634.82	
26479	Shortening Of Tendon Of Hand Or Finger On The Front Of The Hand (Flexor)	\$646.20	
26480	Transplant Of Tendon Of Hand, Without Graft	\$694.76	
26483	Transplant Of Tendon Of Hand, With Graft	\$828.94	
26485	Transplant Of Tendon To Palm, Without Tendon Graft Other Than Thumb	\$585.99	
26489	Transplant Of Tendon To Palm, With Tendon Graft Other Than Thumb	\$913.53	
26490	Transplant Of Thumb Tendon To Palm, Without Tendon Graft Other Than Thumb	\$744.46	
26492	Transplant Of Thumb Tendon To Palm, With Tendon Graft Other Than Thumb	\$874.72	
26494	Opponens Plasty; Hypothenar Muscle Transfer	\$796.57	
26496	Transplant Of Tendon Thumb, Palm, Or Wrist	\$854.44	
26497	Transfer Of Tendon To Restore Intrinsic Function; Ring And Small Finger	\$853.46	
26498	Transfer Of Tendon Of Hand, All Four Fingers	\$1,100.45	
26499	Correction Claw Finger, Other Methods	\$822.77	
26500	Reconstruction Of Tendon Pulley, Each Tendon; With Local Tissues (Separate Procedure)	\$594.15	
26502	Tendon Pulley Reconstruction; With Tendon Or Fascial Graft (Includes Obtaining Graft) (Separate Procedure)	\$718.50	
26508	Release Of Thenar Muscle(S) (Eg, Thumb Contracture)	\$474.65	
26510	Cross Intrinsic Transfer, Each Tendon Repair Of Joint Capsule Of Hand And Finger, One Finger	\$614.74	
26516		\$707.86	
26517	Repair Of Joint Capsule Of Hand And Finger, Two Fingers	\$818.40	
26518	Repair Of Joint Capsule Of Hand And Finger, 3 Or Four Fingers	\$828.36	
26520	Capsulectomy Or Capsulotomy; Metacarpophalangeal Joint, Each Joint	\$657.88	
	Repair Of Joint Capsule, Hand And Finger Repair Of Joint Of Hand Repay and Finger With Implant	\$659.96	
	Repair Of Joint Of Hand Bone And Finger, With Implant	\$500.06	
26531	Repair Of Joint Of Hand Bone And Finger, Without Implant	\$647.54	
26535	Joint Replacement (Arthroplasty) Without A Prosthesis	\$405.50	
26536	Joint Replacement (Arthroplasty) With A Prosthesis Between The Finger Joints	\$653.38	
26540	Repair Of Ligament Of Hand To Finger Joint, Or Finger Joint Without Graft	\$539.96	
26541	Repair Of Ligament Of Hand To Finger Joint With Tendon Or Graft	\$789.21	
26542	Repair Of Ligament Of Hand To Finger Joint With Local Tissue	\$688.64	
26545	Repair Of Ligament Of Finger Joint With Graft	\$655.32	
26546	Repair Non-Union, Metacarpal Or Phalanx, (Includes Obtaining Bone Graft With Or Without External Or Internal Fixation)	\$981.06	
26548	Repair And Reconstruction, Finger, Volar Plate, Interphalangeal Joint	\$712.46	
26550	Pollicization Of A Digit	\$1,529.55	
26551	Transfer, Toe-To-Hand With Microvascular Anastomosis; Great Toe "Wrap-Around" With Bone Graft Transfer Of Toe To Hand, Single	\$3,305.00	
26553	Transfer Of Toe To Hand, Single	\$2,977.78	
26554	Transfer Of Toe To Hand, Double Transfer Finger To Apother Position Without Misroyacouler Apostomogic	\$3,459.88	
26555	Transfer, Finger To Another Position Without Microvascular Anastomosis	\$1,292.25	
26556	Transfer, Free Toe Joint, With Microvascular Anastomosis Page 17 - 18 - 19 - 19 - 19 - 19 - 19 - 19 - 19	\$3,097.29	
26560	Repair Of Webbed Finger, With Skin Flaps Repair Of Webbed Finger, With Skin Flaps And Grafts	\$608.88	
26561	Repair Of Webbed Finger, With Skin Flaps And Grafts	\$827.37	
26562	Repair Of Webbed Finger, Complex (Involving Bone Or Nails	\$937.23	
26565	Osteotomy; Metacarpal, Each	\$684.06	
26567	Osteotomy, Phalanx Of Finger, Each	\$503.09	
26568	Osteoplasty, Lengthening, Metacarpal Or Phalanx	\$883.29	
26580	Repair Cleft Hand	\$1,424.83	
26587	Reconstruction Of Polydactylous Digit, Soft Tissue And Bone	\$989.52	
26590	Repair Macrodactylia, Each Digit	\$1,325.32	
26591	Repair, Intrinsic Muscles Of Hand, Each Muscle	\$441.71	
26593	Release, Intrinsic Muscles Of Hand, Each Muscle	\$618.43	
26596	Excision Of Constricting Ring With Multiple Z-Plasties	\$766.85	
26600	Closed Treatment Of Metacarpal Fracture, Single; Without Manipulation, Each Bone	\$262.95	
26605	Treatment Of Closed Metacarpal Fracture, Single; With Manipulation, Each Bone	\$334.62	

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2010 Open Tensiment Of Tourism The Missions of The First Deteroes The William And Propess 2010 Open Tensiment Of Expositions professor. Transfer. Mills Projection 2010 Open Tensiment Of Expositions professor. Among the Projection of Professor. Among the Profe	26608	Insertion Of Hardware To Broken Finger, Accessed Through The Skin	\$499.05	
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Section Sect	26676	Insertion Of Hardware To Dislocated Hand Bone At Wrist Joint With Manipulation, Accessed Through The Skin	\$546.75	
Section Sect	26685	Open Treatment Of Dislocation At The Wrist To Mid Hand Bones, Except The Thumb, Single	\$533.22	
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Depart Treatment Of Ancibular Fracture, Involving Meliosuspophalasepad On Interphalargeal Joint, Includes Internal Fixation, When Performed, \$501.28 20050 Closed Treatment Of Broken Finger Or Thurth A. The Proton Furtheal Away From The Hard Willhout Manipulation \$220.01 20050 Closed Treatment Of Broken Finger Or Thurth A. The Proton Furtheal Away From The Hard Willhout Manipulation \$220.01 20050 Closed Treatment Of Broken Finger Or Thurth A. The Proton Furtheal Away From The Hard Willhout Manipulation \$220.01 20050 Closed Treatment Of Interphalargeal Fracture, Finger Or Thurth, Includes Internal Fination, When Performed, Each \$350.18 20070 Closed Treatment Of Interphalargeal Joint Disclosers, Single, Will Manapulation, Roseautine, William Anciental Fination, When Performed, Each \$350.19 20070 Closed Treatment Of Interphalargeal Joint Disclosers, Single, Will Manapulation, Roseautine, William Anciental Fination, When Performed, Each \$350.01 20070 Closed Treatment Of Interphalargeal Joint Disclosers, Single, Will Manapulation, Roseautine, William Anciental Fination, William Further Manapulation, Colorated Through The Society Colorated Program of William Manapulation, Colorated Through The Society Colorated Program of William Manapulation, Colorated Through The Society Colorated Program of William Manapulation, Colorated Through The Society Colorated Program of William Manapulation, Colorated Through The Society Colorated Program of William Science Program of William Manapulation, Colorated Program of William Science Program of William Science Program of William Science Program of William Ancience Colorated Program of William Ancience	26742	Treatment Of Closed Articular Fracture, Involving Metacarpophalangeal Or Proximal Interphalangeal Joint; With Manipulation, Each	\$258.37	
26745 Each		Open Treatment Of Articular Fracture, Involving Metacarpophalangeal Or Interphalangeal Joint, Includes Internal Fixation, When Performed.		
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28755 Osen Treatment of Distal Phologopal Fracture, Frager Or Thumb, includes Internal Fisation, Whee Partnered, Each \$342.18		, , ,		
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Teacherent Of Closed Interphalangeal Joint Delications, Single, With Manipulation, Requiring Amesthesia \$356.71			*	
Section Of Hardware To Dislocated Finger Joint With Manaphation, Accessed Through The Skin \$420.87				
S277.55	26775	Treatment Of Closed Interphalangeal Joint Dislocation, Single, With Manipulation; Requiring Anesthesia	\$356.71	
S277.52 September Of Interphalangeal Joint Delication. Includes Internal Fixation, When Performed, Single S277.25 September S278.68 Arthrodesis, Carpometacapal Joint, Thumb, With Or Without Internal Fixation; With Audigenous Graft (Includes Obtaining Graft) S775.67 S7	26776	Insertion Of Hardware To Dislocated Finger Joint With Manipulation, Accessed Through The Skin	\$420.87	
Sisson in Opposition, Thursth, Wiffe Autoperous Graft (includes Obtaining Graft) \$758.86	26785	Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed, Single	\$371.25	
Attrivodesis, Carpometacargal Joint, Thumb, With Or Without Internal Fisation; Attrivodesis, Carpometacargal Joint, Thumb, With Or Without Internal Fisation; Attrivodesis, Carpometacargal Joint, Digit, Other Than Thumb, Each; Attrivodesis, Carpometacargal Joint, Digit, Other Than Thumb, Each; Season Attrivodesis, Carpometacargal Joint, Digit, Other Than Thumb, Each; Season John Charles State (Season Carpometacargal Joint, Digit, Other Than Thumb, Each; Season John Charles State (Season Carpometacargal Joint, Digit, Other Than Thumb, Each; Season John Charles State (Season Carpometacargal Joint, Digit, Other Than Thumb, Each; Season John Charles State (Season Carpometacargal Joint, Digit, Other Than Thumb, With Audogenous Graft (Includes Obtaining Graft) Season John Charles State (Season Carpometacargal Joint, Digit, Season Charles) Fusion Of The Joints Between They and The Hand, Additional Joint Season John Charles John Season The Finger And The Hand, Additional Joint Season John Charles John Season The Finger And The Hand, Additional Joint Season John Charles State (Season Carpometacarga) Season State (Season Charles)				
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Attrodesis, Carpometacarpial Joint, Digt. Other Than Thumb, Each: 28524 Anthrodesis, Carpometacarpial Joint, Digts, Other Than Thumb, With Autoperous Graft (includes Obtaining Graft) 28525 Pusion Of The Joints Between Finger Joints 28526 Pusion Of The Joints Between Finger Joints 28526 Pusion Of The Joints Between Finger Joints 28526 Pusion Of The Joints Between Finger Joints, With Bone Graft From The Patient 28527 Pusion Of The Joints Between The Finger And The Hand 28528 Pusion Of The Joints Between The Finger And The Hand 28528 Pusion Of The Joints Between The Finger And The Hand 28529 Pusion Of The Joints Between The Finger And The Hand 28520 Pusion Of The Joints Between The Finger And The Hand 28520 Pusion Of The Joints Between The Finger And The Hand 28520 Pusion Of The Joints Between The Finger And The Hand 28520 Pusion Of The Joints Between The Finger And The Hand 28520 Pusion Of The Joints Between The Finger And The Hand 28520 Pusion Of The Joints Between The Finger And The Hand 28521 Amputation Of Hanger Beneficial Joint 28520 Pusion Of The Joints Between The Finger And The Hand 28520 Pusion Of The Joints Between The Finger And The Hand 28521 Amputation Of Hanger Of Thumb, With Tissue Flag 28521 Amputation Of Finger Of Thumb, With Tissue Flag 28522 Pusion Of Finger Of Thumb, With Tissue Flag 28522 Pusion Of Finger Of Thumb, With Tissue Flag 28523 Pusion Of Finger Of Thumb, With Tissue Flag 28524 Pusion Of Finger Of Thumb, With Tissue Flag 28524 Pusion Of Finger Of Thumb, With Tissue Flag 28524 Pusion Of Finger Of Thumb, With Tissue Flag 28525 Pusion Of Finger Of Thumb, With Tissue Flag 28526 Pusion Of Finger Of Thumb, With Tissue Flag 28526 Pusion Of Finger Of Thumb, With Tissue Flag 28526 Pusion Of Finger Of Thumb, With Tissue Flag 28527 Pusion Of Finger Of Thumb, With Tissue Flag 28528 Pusion Of Finger Of Thumb, With Tissue Flag 28528 Pusion Of Finger Of Thumb, With Tissue Flag 28528 Pusion Of Finger Of Thumb, With Tissue Flag 28529 Pusion Of Finger Of Thumb, With				
Attrivodesis, Carpometacarpal Join, Dijets, Other Than Thumb: With Autogenous Graft (includes Obtaining Graft) \$513.01 28855 Fusion Of The Joints Between Finger Joints \$513.01 28855 Fusion Of The Joints Between Finger Joints \$788.84 28856 Fusion Of The Joints Between Finger Joints \$788.84 28856 Fusion Of The Joints Between Finger Joints \$788.84 28857 Fusion Of The Joints Between The Finger And The Hand \$81.28 28851 Fusion Of The Joints Between The Finger And The Hand \$81.28 28851 Fusion Of The Joints Between The Finger And The Hand \$81.28 28852 Fusion Of The Joints Between The Finger And The Hand \$81.28 28852 Fusion Of Finger Joint With Bone Graft Additional Joint \$81.28 28852 Fusion Of Finger Joint With Bone Graft Additional Joint \$81.28 28851 Amputation Of Hand Bone, Finger Of Thumb \$87.22 22 28851 Amputation Of Hand Bone, Finger Of Thumb, Pirmary Of Secondary, Any Joint Of Phalanx, Single, Including Neurectomies; With Direct Closure \$852.07 28852 Amputation Of Finger St. \$852.07 28853 Amputation Of Finger St. \$852.07 28854 Amputation Of Finger St. \$852.07 28855 Amputation Of Finger St. \$852.07 28859 Amputation Of Finger St. \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$853.08 28851 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainage; Deep Abacess Of Hematoma \$852.07 28850 Including And Drainag				
S850. Fusion Of The Joints Between Finger Joints. With Bone Graft From The Patient \$78.84 S860. Fusion Of The Joints Between Finger And The Hand \$18.85 S860. Fusion Of The Joints Between The Finger And The Hand \$19.12 S861. Fusion Of The Joints Between The Finger And The Hand Additional Joint \$91.28 S860. Fusion Of The Joints Between The Finger And The Hand Additional Joint \$91.28 S860. Fusion Of The Joints Between The Finger And The Hand Additional Joint \$91.28 S860. Fusion Of The Joints Between The Finger And The Hand Additional Joint \$92.33 S860. Fusion Of The Joints Between The Finger And The Hand Additional Joint \$92.33 S860. Fusion Of Pinger Joint White Pinger And The Hand Additional Joint \$92.33 S860. Fusion Of Pinger Joint White Pinger And The Hand Additional Joint \$92.33 S860. Fusion Of Pinger Joint White Pinger And The Hand Additional Joint \$92.33 S860. Fusion Of Pinger Joint White Pinger And The Hand Additional Joint \$92.33 S860. Fusion Of Pinger Joint White Pinger And The Hand Additional Joint \$92.33 S860. Fusion Of Pinger Joint White Pinger And The Hand Additional Joint \$92.33 S860. Fusion Of Pinger Joint White Pinger And The Hand Additional Joint \$92.33 S860. Joint Self-Pinger Joint White Pinger And The Hand Additional Joint \$92.33 S860. Joint Self-Pinger Joint White Pinger And The Hand Additional Joint Self-Pinger Pinger And The Hand Additional Joint Self-Pinger Pinger And The Hand Additional Joint Self-Pinger Pinger Pinge				
28855 Fusion Of The Joints Between Finger Joints, With Bone Graft From The Patient \$788.84 28860 Fusion Of The Joints Between The Finger And The Hand \$431.50 28861 Fusion Of The Joints Between The Finger And The Hand, Additional Joint \$91.28 28862 Fusion Of The Joints Between The Finger And The Hand, With Bone Graft From The Patient \$728.91 28863 Fusion Of Finger Joint With Bone Graft Anditional Joint \$203.84 28860 Amputation Of Finger Of Thumb, Primary Of Secondary, Any Joint Or Phalanx, Single, Including Neurectomies; With Direct Closure \$652.97 28951 Amputation Of Finger Of Thumb, With Tissue Brig \$477.96 28952 Amputation Of Finger Of Thumb, With Tissue Brig \$477.96 28953 Amputation Of Finger Of Thumb, With Tissue Brig \$477.96 28954 Amputation Of Finger Of Thumb, With Tissue Brig \$477.96 28952 Amputation Of Finger Of Thumb, With Tissue Brig \$483.80 28952 Amputation Of Finger Of Thumb, With Tissue Brig \$483.80 28952 Amputation Of Finger Of Thumb, With Tissue Brig \$683.01 28952 Amputation Of Finger Of Thumb, With Tissue Brig \$683.01 28952 Amputation Of Finger Of Thumb, With Tissue Brig \$683.01 28953 Incision And Drinainger Pack Association of The Amputation And The Amputation			\$813.27	
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Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectomies; With Direct Closure \$852.2 mputation of Finger or Thumb, With Tissue Flap \$868.19 28989. Unlisted Procedure, Hands Or Fingers Price By Report 10cision And Drainage; Indected Bursa \$863.19 28991. Incision, Bone Cortex, Pelvis And/Or Flig Joint (Eg. Osteomyellitis Or Bone Abscess) \$823.79 29000. Incision Or Hip Tandon, Accessed Through The Skin \$2994.2 20000. Incision Or Hip Tandon, Accessed Through The Skin \$299.42 20010. Incision Orl Hip Tandon, Accessed Through The Skin \$299.42 20010. Incision Orl Hip Tandon, Open Procedure \$342.486 20030. Incision Of Hip Tandon, Open Procedure \$550.35 20030. Incision Of Hip Tandon, Open Procedure \$561.86 20030. Incision Of Tissue Of Verbis And Hip Area, School Open Procedure \$561.86 20030. Incisio		*		
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Inclision And Drainage; Infected Bursa \$663.19	26989	Unlisted Procedure, Hands Or Fingers	Price By Report	
Incision, Bone Cortex, Pelvis And/Or Hip Joint (Eg. Osteonywellis Or Bone Abscess) \$923.79	26990	Incision And Drainage; Deep Abscess Or Hematoma	\$463.89	
Incision, Bone Cortex, Pelvis And/Or Hip Joint (Eg. Osteomyeliis Or Bone Abscess) \$923.79	26991	Incision And Drainage; Infected Bursa	\$663.19	
Incision Of Hip Tendon, Accessed Through The Skin \$299.42	26992	Incision, Bone Cortex, Pelvis And/Or Hip Joint (Eg, Osteomyelitis Or Bone Abscess)	\$923.79	
Incision Of Hip Tendon, Open Procedure \$424.86				
incision Of Hip Tendon With Removal Of Nerve, Open Procedure S550.35				
incision Of Flexor Tendons Of Hip. Open Procedure fincision Of Abductor And/Or Extensor Tendons Of Hip. Open Procedure fincision Of Abductor And/Or Extensor Tendons Of Hip. Open Procedure fincision Of Abductor And/Or Extensor Tendons Of Hip. Open Procedure fincision Of Tissue Of Muscle Compartments Of One Side Of Pelvis fincision Of Tissue Of Muscle Compartments Of One Side Of Pelvis fincision Of Tissue Of Muscle Compartments Of One Side Of Pelvis fincision Of Tissue Of Muscle Compartments Of One Side Of Pelvis fincision Of Tissue Of Muscle Compartments Of One Side Of Pelvis fincision Of Tissue Of Muscle Compartments Of One Side Of Pelvis fincision Of Tissue Of Muscle Compartments Of One Side Of Pelvis And Hip. fincision Of Tissue Of Pelvis And Hip. fincision Tumor, Soft Tissue				
Incision Of Abductor And/Or Extensor Tendons Of Hip, Open Procedure Fasciotomy, Hip Or Thigh, Any Type Residency, Hip Or Thigh, Any Type Arthrotomy, Hip, With Drainage (Eg., Infection) Arthrotomy, Hip, With Drainage (Eg., Infection) Arthrotomy, Hip, With Drainage (Eg., Infection) S999.15 Arthrotomy, Hip, With Drainage (Eg., Infection) S999.15 Arthrotomy, Hip, Inciding Exploration Or Removal Of Loose Or Foreign Body S882.30 Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves Capsulectomy, Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic Bone, With Release Of Hip Flexor Muscles (Ie, Gluteus Medius, Gluteus Medius, Gluteus Minimus, Tensor Fascia Late, Rectus Femoris, Sartorius, Iliopsoas) S925.72 Gluteus Minimus, Tensor Fascia Late, Rectus Femoris, Sartorius, Iliopsoas) S926.72 Siopsy Of Tissue Of Pelvis And Hip, Superficial Siopsy, Of Tissue Of Pelvis And Hip, Deep S645.81 S104.81 Siopsy, Soft Tissue Of Pelvis And Hip, Area; 3 Cm Or Greater S657.70 Siopsy, Soft Tissue Of Pelvis And Hip, Area; 5 Cm Or Greater S663.73 S6704.82 S663.73 S6704.82 S663.73 S6704.82 S6705.82 S6705.83 S6705.83 S6706.83 S6706.83 S6706.83 S6707.94 S6706.84 S6706.84 S6707.95 S6707.9		· · · · · · · · · · · · · · · · · · ·		
Fasciotomy, Hip Or Thigh, Any Type Incision Of Tissue Of Muscle Compartments Of One Side Of Pelvis Incision Of Tissue Of Muscle Compartments Of One Side Of Pelvis Seps. 1 Incision Of Tissue Of Muscle Compartments Of One Side Of Pelvis Incision Of Tissue Of Muscle Compartments Of One Side Of Pelvis Seps. 3 Incision Of Tissue Of Muscle Compartments Of One Side Of Pelvis Seps. 3 Incision Of Tissue Of Muscle Compartments Of One Side Of Pelvis Seps. 3 Incision Of Tissue Of Pelvis Incision Introduction, Hip, Including Exploration Or Removal Of Loose Or Foreign Body Seps. 3 Incision Of Tissue Of Pelvis Introduction Or Removal Of Loose Or Foreign Body Denevration, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves Special Seps. 3 Incision Of Tissue Of Pelvis And Hip, Superficial Sippsy Of Tissue Of Pelvis And Hip, Superficial Sippsy Of Tissue Of Pelvis And Hip, Deep Seps. 2 Incision Of Tissue Of Pelvis And Hip, Area, Subcutaneous; Less Than 3 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm Seps. 3 Incision Of Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm Seps. 3 Incision Of Tissue Of One Side Of Pelvis Muscle Compartment With Removal Of Muscle Seps. 3 Incision Of Tissue Of One Side Of Pelvis One, Superficial Seps. 3 Incision Of Tissue Of One Side Of Pelvis Compartment With Removal Of Muscle				
Incision Of Tissue Of Muscle Compartments Of One Side Of Pelvis \$904.24				
Arthrotomy, Hip, With Drainage (Eg. Infection) 27033 Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign Body 27035 Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves 27036 Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves 27036 Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic Bone, With Release Of Hip Flexor Muscles (Ie, Gluteus Medius, 27036 Cluteus Minimus, Tensor Fascia Latae, Rectus Femoris, Sartorius, Iliopsoas) 27040 Biopsy Of Tissue Of Pelvis And Hip, Superficial 27041 Biopsy Of Tissue Of Pelvis And Hip, Deep 27043 Biopsy, Soft Tissue Of Pelvis And Hip, Area; 3 Cm Or Greater 27044 Biopsy, Soft Tissue Of Pelvis And Hip Area; 3 Cm Or Greater 27045 Biopsy, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm 27046 Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm 27047 Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm 27048 Removal Of (Less Than 5 Centimeters) Tissue Growth Of Pelvis Or Hip 27050 Arthrotomy, With Biopsy, Sacrolilac Joint 27052 Arthrotomy, With Biopsy, Sacrolilac Joint 27052 Arthrotomy, With Biopsy, Sacrolilac Joint 27054 Arthrotomy, With Synovectomy, Hip Joint 27054 Incision Of Tissue On One Side Of Pelvis Muscle Compartment With Removal Of Muscle 27058 Removal (5 Centimeters Or Greater) Tissue Growth Of Pelvis Or Hip 27059 Removal (5 Centimeters Or Greater) Tissue Growth Of Pelvis Or Hip 27060 Excision; Incohanteric Bursa Or Calcification 27061 Removal Of Bone Cyst Or Growth Of Hip Or Pelvic Bone, Deep' 27062 Excision; Trochanteric Bursa Or Calcification 27071 Partial Removal Of Hip Or Pelvic Bone, Deep' 27087 Removal Of Hore Or Pelvic Bone, Superficial 27071 Partial Removal Of Hip Or Pelvic Bone, Deep 27088 Removal Of Hore Or Pelvic Bone, Superficial 27098 Removal Of Hip Or Pelvic Bone, Deep 27099 Radical Removal Of Hip Or Pelvic Bone,				
Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign Body 27035 Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves \$1,089.63 27036 Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves \$1,089.63 27036 Gluteus Minimus, Tensor Fascia Lattae, Rectus Femoris, Sartorius, Iliopsoas) \$925.72 27040 Biopsy Of Tissue Of Pelvis And Hip, Superficial \$324.28 27041 Biopsy, Soft Tissue Of Pelvis And Hip, Deep \$645.81 27043 Biopsy, Soft Tissue Of Pelvis And Hip Area; 3 Cm Or Greater \$496.81 27044 Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater \$496.81 27045 Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater \$496.81 27046 Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater \$496.87 27047 Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm \$465.74 27048 Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 5 Cm \$551.70 27049 Removal Of (Less Than 5 Centimeters) Tissue Growth Of Pelvis Or Hip \$1,200.16 27050 Arthrotomy, With Biopsy, Sacroliau Joint \$27050 Arthrotomy, For Biopsy; Hip Joint \$27050 Arthrotomy, For Biopsy; Hip Joint \$27051 Incision Of Tissue On One Side Of Pelvis Muscle Compartment With Removal Of Muscle \$27059 Removal (5 Centimeters Or Greater) Tissue Growth Of Pelvis Or Hip \$27050 Excision; Irochanteric Bursa Or Calcification \$27060 Excision; Trochanteric Bursa Or Calcification \$27060 Removal Of Bone Cyst Or Growth Of Hip Or Pelvis Bone, Deep* \$27061 Incision \$27061 Partial Removal Of Hip Or Pelvic Bone, Superficial \$27071 Partial Removal Of Hip Or Pelvic Bone, Superficial \$27071 Partial Removal Of Hip Or Pelvic Bone, Superficial \$27071 Partial Removal Of Hip Or Pelvic Bone, Superficial \$27071 Partial Removal Of Hip Or Pelvic Bone, Superficial				
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Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm \$465.74	27045	Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater	\$663.73	
Excision, Turmor, Soft Tissue Of Pelvis And Hip Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal Of (Less Than 5 Centimeters) Tissue Growth Of Pelvis Or Hip Throtomy, With Biopsy; Sacroiliac Joint Arthrotomy, With Biopsy; Hip Joint Status Arthrotomy, For Biopsy; Hip Joint Thissie On One Side Of Pelvic Muscle Compartment With Removal Of Muscle Removal Of Tissue On One Side Of Pelvic Muscle Compartment With Removal Of Muscle Removal (5 Centimeters Or Greater) Tissue Growth Of Pelvis Or Hip Excision; Ischial Bursa Removal Of Bone Cyst Or Growth Of Hip Or Pelvic Bone, Superficial Removal Of Bone Cyst Or Benign Turmor, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur; With Autograft Requiring Separate Incision Partial Removal Of Hip Or Pelvic Bone, Deep Radical Removal Of Growth From Wing Of Upper Pelvic Bone (Ilium), Base Of Pelvic Bone (Ilschium), 1 Pubic Bone Or Joint Between Pubic		Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm		
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Radical Removal Of Growth From Wing Of Upper Pelvic Bone (Ilium), Base Of Pelvic Bone (Ischium), 1 Pubic Bone Or Joint Between Pubic				
* 17	27071		\$897.20	
\$1,869.58				
	27075	Bones	\$1,869.58	

Code			
	Description	Fee	Prior Auth Status
	Radical Removal Of Growth From Upper Pelvic Bone (Ilium) Including Hip Socket, Base Of Pelvic Bone (Ischium) Including Hip Socket, Or		
27076	Both Pubic Bones	\$2,256.39	
27077	Radical Resection Of Tumor; Innominate Bone, Total	\$2,514.77	
	Radical Removal Of Growth From Sit Bone Of Pelvis (Ischial Tuberosity) And Upper End Of Shaft Of Thigh Bone (Greater Trochanter)		
27078		\$1,843.59	
27080	Coccygectomy, Primary	\$444.79	
27086	Removal Of Foreign Body In Tissue Of Pelvis Or Hip, Accessed Beneath The Skin	\$298.21	
27087	Removal Of Foreign Body, Pelvis Or Hip; Deep (Subfascial Or Intramuscular)	\$555.87	
27090	Removal Of Hip Prosthesis; (Separate Procedure)	\$756.93	
27091	Removal Of Hip Prosthesis, Complicated	\$1,594.39	
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27093	Injection Procedure For Hip Arthrography; Without Anesthesia	\$171.51	
27095	Injection Procedure For Hip Arthrography; With Anesthesia	\$313.73	
	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When		
27096	Performed	\$173.39	
27097	Release Or Recession, Hamstring, Proximal	\$625.60	
27098	Transfer, Adductor To Ischium	\$671.32	
27100	Transfer Of Muscle To Thigh Bone At Hip Joint, External Oblique Muscle	\$758.33	
27105	Transfer Paraspinal Muscle To Hip (Includes Fascial Or Tendon Extension Graft)	\$794.16	
27110	Transfer Of Muscle To Thigh Bone At Hip Joint, Iliopsoas Muscle	\$883.27	
27111	Transfer Iliopsoas; To Femoral Neck	\$823.32	
27120	Acetabuloplasty; (Eg, Whitman, Colonna, Haygroves, Or Cup Type)	\$1,304.76	
27122	Acetabuloplasty; Resection, Femoral Head (Eg, Girdlestone Procedure)	\$1,000.66	
27125	Hemiarthroplasty, Hip, Partial (Eg, Femoral Stem Prosthesis, Bipolar Arthroplasty)	\$1,137.81	
27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft	\$1,286.37	
27132	Conversion Of Previous Replacement Of Thigh Bone And Hip Joint Prosthesis	\$1,670.83	
		\$1,898.88	
27134	Revision Of Total Hip Arthroplasty Both Components, With Or Without Autograft Or Allograft		
27137	Revision Of Total Hip Arthroplasty Acetabular Component Only, With Or Without Autograft Or Allograft	\$1,464.74	
27138	Revision Of Total Hip Arthroplasty Femoral Component Only, With Or Without Allograft	\$1,521.89	
27140	Osteotomy And Transfer Of Greater Trochanter Of Femur (Separate Procedure)	\$812.64	
27146	Osteotomy, Iliac, Acetabular Or Innominate Bone;	\$1,031.56	
	• • •		
27147	Incision Of Pelvic Bone With Repair Of Hip Joint Dislocation, Open Procedure	\$1,318.99	
27151	Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy	\$1,424.36	
27156	Incision Of Pelvic And Thigh Bone With Repair Of Hip Joint Dislocation, Open Procedure	\$1,637.72	
27158	Osteotomy, Pelvis, Bilateral (Eg, Congenital Malformation)	\$1,263.39	
27161	Incision Of Neck Of Thigh Bone	\$1,104.83	
27165	Incision Below Neck Of Thigh Bone (Intertrochanteric Or Subtrochanteric)	\$1,398.61	
27170	Bone Graft, Femoral Head, Neck, Intertrochanteric Or Subtrochanteric Area (Includes Obtaining Bone Graft)	\$1,053.34	
27175	Treatment Of Slipped Femoral Epiphysis; By Traction, Without Reduction	\$607.07	
27176	Treatment Of Slipped Femoral Epiphysis; By Single Or Multiple Pinning, In Situ		
		\$904.90	
27177	Open Treatment Of Slipped Femoral Epiphysis; Single Or Multiple Pinning Or Bone Graft (Includes Obtaining Graft)	\$1,124.33	
27178	Open Treatment Of Slipped Femoral Epiphysis; Closed Manipulation With Single Or Multiple Pinning	\$897.58	
27179	Open Treatment Of Slipped Femoral Epiphysis; Osteoplasty Of Femoral Neck (Heyman Type Procedure)	\$889.94	
27181	Open Treatment Of Slipped Femoral Epiphysis; Osteotomy And Internal Fixation	\$1,014.74	
	Epiphyseal Arrest By Epiphysiodesis Or Stapling, Greater Trochanter Of Femur	\$656.92	
27185			
27187	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femoral Neck And Proximal Femur	\$1,006.53	
27197	Closed Treatment Of Fracture And/Or Dislocation Of Pelvis And/Or Sacrum	\$123.44	
27198	Closed Treatment Of Fracture And/Or Dislocation Of Pelvis And/Or Sacrum With Manipulation	\$309.96	
27200	Closed Treatment Of Coccygeal Fracture	\$176.55	
27202	Open Treatment Of Coccygeal Fracture	\$481.73	
	Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fracture(S) (Eg, Pelvic Fracture(S) Which Do Not Disrupt The Pelvic	ψ.ισσ	
07045		0000.04	
27215	Ring), With Internal Fixation	\$969.34	
27216	Insertion Of Hardware To Broken And/Or Dislocated Bone On One Side Of Pelvis, Accessed Through The Skin	\$436.54	
27217	Open Treatment Of Fracture And/Or Dislocation Of Pelvis, Anterior	\$1,178.88	
27218	Open Treatment Of Fracture And/Or Dislocation Of Pelvis, Posterior	\$1,416.27	
27220	Closed Treatment Of Acetabulum (Hip Socket) Fracture(S); Without Manipulation	\$385.41	
27222	Treatment Of Closed Acetabulum (Hip Socket) Fracture(S); With Manipulation With Or Without Skeletal Traction	\$894.41	
27226	Open Treatment Of Posterior Or Anterior Acetabular Wall Fracture, With Internal Fixation	\$1,061.77	
27227	Open Treatment Of Fracture Of Front Or Back Column Of Hip Socket Or Across Hip Socket With Insertion Of Fixation Hardware	\$1,493.39	
27228	Open Treatment Of Fracture Of Front And Back Column Or Wall Of Hip Socket With Insertion Of Fixation Hardware	\$1,608.57	
27230	Closed Treatment Of Femoral Fracture, Proximal End, Neck; Without Manipulation	\$451.29	
27232	Closed Treatment Of Fracture Of Neck Of Thigh Bone With Manipulation	\$665.72	
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27235	Insertion Of Hardware To Broken Thigh Bone, Accessed Through The Skin	\$916.51	
27236	Open Treatment Of Femoral Fracture, Proximal End, Neck, Internal Fixation Or Prosthetic Replacement	\$1,199.80	
27238	Closed Treatment Of Intertrochanteric, Pertrochanteric, Or Subtrochanteric Femoral Fracture; Without Manipulation	\$432.20	
	Observations of Francisco Balance North Of Thirth Barry (Interference Institute of Co. On the other Institute Instit	\$872.26	
27240	Closed Treatment Of Fracture Below Neck Of Thigh Bone (Intertrochanteric Or Subtrochanteric) With Manipulation		
	Surgical Treatment Of Fracture Below Neck Of Thigh Bone (Intertrochanteric Of Subtrochanteric) with Manipulation Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant		
27244	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant	\$1,110.07	
27244 27245	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant	\$1,110.07 \$1,232.81	
27244 27245 27246	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter	\$1,110.07 \$1,232.81 \$348.81	
27244 27245 27246 27248	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation	\$1,110.07 \$1,232.81 \$348.81 \$679.02	
27244 27245 27246 27248 27250	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16	
27244 27245 27246 27248	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation	\$1,110.07 \$1,232.81 \$348.81 \$679.02	
27244 27245 27246 27248 27250 27252	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81	
27244 27245 27246 27248 27250	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16	
27244 27245 27246 27248 27250 27252 27253	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47	
27244 27245 27246 27248 27250 27252	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hijh, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Closed Hijh Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81	
27244 27245 27246 27248 27250 27252 27253 27254	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hijb, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hijb Dislocation, Traumatic; Without Anesthesia Treatment Of Hijb Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hijb Dislocation, Traumatic; Without Internal Fixation Open Treatment Of Hijb Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hijb Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hijb Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94	
27244 27245 27246 27248 27250 27252 27253	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94	
27244 27245 27246 27248 27250 27252 27253 27254	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hijb, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hijb Dislocation, Traumatic; Without Anesthesia Treatment Of Hijb Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hijb Dislocation, Traumatic; Without Internal Fixation Open Treatment Of Hijb Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hijb Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hijb Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94	
27244 27245 27246 27248 27250 27252 27253 27254	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94	
27244 27245 27246 27248 27250 27252 27253 27254 27256 27257	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94 \$237.26 \$326.10	
27244 27245 27246 27248 27250 27252 27253 27254 27256 27257	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hijp, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation Treatment Of Spontaneous Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc);	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94 \$237.26 \$326.10	
27244 27245 27246 27248 27250 27252 27253 27254 27256 27257 27258 27259	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc); Open Treatment Of Spontaneous Hip Dislocation, With Shortening	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94 \$237.26 \$326.10 \$1,119.86 \$1,391.25	
27244 27245 27246 27248 27250 27252 27253 27254 27256 27257 27258 27259 27265	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc); Open Treatment Of Spontaneous Hip Dislocation, With Shortening Closed Treatment Of Spontaneous Hip Dislocation; Without Anesthesia	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94 \$237.26 \$326.10 \$1,119.86 \$1,391.25 \$433.89	
27244 27245 27246 27248 27250 27252 27253 27254 27256 27257 27258 27258 27258 27259 27265 27266	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc); Open Treatment Of Spontaneous Hip Dislocation, With Shortening Closed Treatment Of Post Hip Arthroplasty Dislocation; Without Anesthesia Closed Treatment Of Post Hip Arthroplasty Dislocation; Requiring Regional Or General Anesthesia	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94 \$237.26 \$326.10 \$1,119.86 \$1,319.25 \$433.89 \$516.31	
27244 27245 27246 27248 27250 27252 27253 27254 27256 27257 27258 27258 27259 27265	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc); Open Treatment Of Spontaneous Hip Dislocation, With Shortening Closed Treatment Of Spontaneous Hip Dislocation; Without Anesthesia	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94 \$237.26 \$326.10 \$1,119.86 \$1,391.25 \$433.89	
27244 27245 27246 27248 27250 27252 27253 27254 27256 27257 27258 27258 27258 27259 27265 27266	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter Open Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc); Open Treatment Of Spontaneous Hip Dislocation, With Shortening Closed Treatment Of Post Hip Arthroplasty Dislocation; Without Anesthesia Closed Treatment Of Post Hip Arthroplasty Dislocation; Requiring Regional Or General Anesthesia	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94 \$237.26 \$326.10 \$1,119.86 \$1,319.25 \$433.89 \$516.31	
27244 27245 27246 27248 27250 27252 27253 27254 27256 27257 27258 27259 27266 27266 27267 27268	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Losed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc); Open Treatment Of Spontaneous Hip Dislocation, With Shortening Closed Treatment Of Post Hip Arthroplasty Dislocation; Without Anesthesia Closed Treatment Of Post Hip Arthroplasty Dislocation; Requiring Regional Or General Anesthesia Closed Treatment Of Broken Hip, At The Joint Closed Treatment Of Femoral Fracture, Proximal End, Head; With Manipulation	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94 \$237.26 \$326.10 \$1,119.86 \$1,391.25 \$433.89 \$516.31 \$407.75	
27244 27245 27246 27248 27250 27252 27253 27254 27256 27257 27258 27259 27266 27266 27266	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Broken Thigh Bone Using Internal Fixation Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc); Open Treatment Of Spontaneous Hip Dislocation, With Shortening Closed Treatment Of Post Hip Arthroplasty Dislocation; Without Anesthesia Closed Treatment Of Post Hip Arthroplasty Dislocation; Requiring Regional Or General Anesthesia Closed Treatment Of Broken Hip, At The Joint	\$1,110.07 \$1,232.81 \$348.81 \$679.02 \$175.16 \$544.81 \$854.47 \$1,149.94 \$237.26 \$326.10 \$1,119.86 \$1,391.25 \$433.89 \$516.31 \$407.75	

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Code 27279	Description Fusion Sacroiliac Joint Through The Skin Or Minimally Invasive Using Image Guidance	Fee \$613.08	Prior Auth Status
27280	Fusion Of Sacroiliac Joint Obtaining Bone Graft Open Procedure	\$1,200.02	
27282	Fusion Of Joint Between Pubic Bones	\$784.55	
27284	Arthrodesis, Hip Joint (Including Obtaining Graft);	\$1,441.67	
27286	Fusion Of Hip Joint And Incision Of Bone Below Neck Of Thigh Bone	\$1,478.53	
27290	Interpelviabdominal Amputation (Hind Quarter Amputation) Disarticulation Of Hip	\$1,465.61 \$1,261.14	
27295 27299	Unlisted Procedure, Pelvis Or Hip Joint	Price By Report	
27301	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region	\$461.80	
27303	Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess)	\$575.86	
27305	Removal Of Tissue At Thigh Or Knee Region, Open Procedure	\$444.99	
27306	Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin	\$261.11	
27307 27310	Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint	\$392.29 \$758.35	
27323	Biopsy of Thigh Or Knee Region Tissue, Superficial	\$260.58	
27324	Biopsy Of Thigh Or Knee Region Tissue, Deep	\$372.98	
27325	Neurectomy, Hamstring Muscle	\$520.09	
27326	Neurectomy, Popliteal (Gastrocnemius)	\$482.41	
27327	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm	\$351.62	
27328 27329	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee	\$564.88 \$935.36	
27330	Arthrotomy, Knee; With Synovial Biopsy Only	\$390.29	
27331	Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee	\$488.00	
27332	Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint	\$592.59	
27333	Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint	\$541.82	
27334	Removal Of Knee Joint Lining, Front Or Back	\$698.59	
27335 27337	Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater	\$699.62 \$443.01	
27339	Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater	\$798.01	
27340	Excision, Prepatellar Bursa	\$329.93	
27345	Removal Of Cyst Of Membrane Covering Behind Knee Joint	\$448.04	
27347	Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee	\$526.24	
27350 27355	Patellectomy Or Hemipatellectomy Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur;	\$667.53 \$622.25	
27356	Excision or Curettage of Bone Cyst or Benign Tumor of Femur; With Homogenous Graft	\$676.57	
27357	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Primary Autogenous Graft (Includes Obtaining Graft)	\$783.42	
27358	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Internal Fixation (List In Addition To Code For Primary Procedure)	\$244.29	
.=	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Femur, Proximal Tibia And/Or Fibula (Eg, Osteomyelitis Or Bone		
27360 27364	Abscess) Removal (5 Centimeters Or Greater) Tissue Growth Of Thigh Or Knee	\$756.44 \$1,554.74	
27365	Radical Resection Of Tumor, Femur Or Knee	\$1,738.90	
27369	Injection Of Contrast For Imaging Of Knee Joint	\$125.78	
27372	Removal Foreign Body, Deep	\$411.33	
27380	Suture Of Tendon Below Knee, Primary	\$639.94	
27381 27385	Suture Of Tendon Below Knee, Secondary Reconstruction Suture Of Ruptured Muscle Of Thigh, Primary	\$890.28 \$628.71	
27386	Suture Of Ruptured Muscle Of Thigh, Secondary	\$791.53	
27390	Repair Of Hamstring Tendon, Open Procedure	\$392.99	
27391	Repair Of Multiple Hamstring Tendons, Open Procedure	\$512.76	
27392	Repair Of Multiple Hamstring Tendons Of Both Legs, Open Procedure	\$652.44 \$494.13	
27393 27394	Lengthening Of Hamstring Tendon; Single Tendon Lengthening Of Hamstring Tendon; Multiple Tendons, One Leg	\$494.13 \$581.67	
27395	Lengthening Of Hamstring Tendon; Multiple Tendons, Bilateral	\$909.68	
27396	Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (Eg, Extensor To Flexor); Single Tendon	\$610.37	
27397	Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (Eg, Extensor To Flexor); Multiple Tendons	\$833.25	
	Transfer Of Tendon Or Muscle In Hamstring Arthrotomy With Maniscus Repair Knee	\$637.16 \$657.22	
27403 27405	Arthrotomy With Meniscus Repair, Knee Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Collateral	\$657.23 \$689.85	
27407	Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Cruciate	\$777.84	
27409	Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Collateral And Cruciate Ligaments	\$880.10	
27412	Autologous Chondrocyte Implantation, Knee	\$1,486.34	
27415 27416	Implantation Of Donor Cartilage Cells Into Knee Bone, Open Procedure Implantation Of Patient'S Knee Cartilage Cells Into Knee Bone, Open Procedure	\$1,406.42	
27416	Anterior Tibial Tubercleplasty (Eg. Maquet Type Procedure)	\$995.05 \$844.16	
27420	Repair Of Dislocating Knee Cap, Without Realignment	\$679.50	
27422	Repair Of Dislocating Knee Cap, With Realignment	\$755.36	
27424	Reconstruction For Recurrent Dislocating Patella; With Patellectomy	\$684.12	
27425	Release Of Ligaments Of Knee Joint, Open Procedure	\$466.49	
27427 27428	Reconstruction (Augmentation), Knee; Extra-Articular Reconstruction Of Knee Joint Ligaments, Open Procedure, Inside The Knee Joint	\$723.21 \$1,103.67	
27428	Reconstruction of Knee Joint Ligaments, Open Procedure, Inside The Knee Joint Reconstruction Of Knee Joint Ligaments, Open Procedure, Inside Or Outside The Knee Joint	\$1,103.67 \$1,143.70	
27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)	\$776.56	
27435	Capsulotomy, Posterior Capsular Release, Knee	\$736.89	
27437	Arthroplasty, Patella; Without Prosthesis	\$672.16	
27438	Arthroplasty, Patella; Without Prosthesis With Prosthesis	\$850.97	
27440	Repair Of Knee Joint, Lower Part Of Joint	\$727.68	
27441 27442	Repair Of Knee Joint, Lower Part Of Joint With Cleaning And Lining Removal Revision Of Total Elbow Repair	\$750.94 \$702.44	
27442	Revision Of Total Elbow Repair Repair Of Knee Joint, Lower Or Upper Part Of Joint With Cleaning And Lining Removal	\$792.44 \$826.73	
27445	Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)	\$1,134.32	
27446	Repair Of Knee Joint, Lower Or Upper Part Of Joint, Inside Or Outside Area	\$1,041.55	
27447	Repair Of Knee Joint, Lower Or Upper Part Of Joint, Inside And Outside Area	\$1,285.15	
27448	Osteotomy, Femur, Shaft Or Supracondylar, Without Fixation; Unilateral	\$737.52	
27450	Osteotomy, Femur, Shaft Or Supracondylar, With Fixation; Unilateral Osteotomy, Multiple, With Realignment On Intramedullary Rod, Emporal Shaft (Eq. Sofield Type Procedure)	\$1,022.04	
27454	Osteotomy, Multiple, With Realignment On Intramedullary Rod, Femoral Shaft (Eg, Sofield Type Procedure)	\$1,168.83	

Code	Description	Fee	Prior Auth Status
27455	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus (Bowleg) Or Genu Valgus (Knock- Knee)), Unilateral; Before Epiphyseal Closure	\$969.91	
21433	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus (Bowleg) Or Genu Valgus (Knock-	φ303.31	
27457	Knee)), Unilateral; After Epiphyseal Closure Osteoplasty, Femur; Shortening	\$871.73	
27465 27466	Osteoplasty, Femur, Lengthening	\$1,127.68 \$1,214.21	
27468	Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segment Transfer	\$1,211.95	
27470	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (Eg, Compression Technique, Etc)	\$1,187.53	
27472 27475	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur	\$1,143.04 \$673.98	
27477	Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal	\$744.72	
27479	Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula	\$834.92	
27485 27486	Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component	\$689.63 \$1,407.64	
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component	\$1,752.12	
27488	Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee	\$1,206.47	
27495 27496	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor);	\$1,137.93 \$505.45	
27497	Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve	\$532.04	
27498	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments;	\$602.64	
27499	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve	\$642.06	
27500	Closed Treatment Of Femoral Shaft Fracture, Without Manipulation	\$483.37	
27501 27502	Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Mid-Portion With Manipulation	\$519.91 \$728.71	
27503	Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation	\$728.77	
27506	Open Treatment Of Broken Thigh Bone, With Implant	\$1,344.75	
27507	Open Treatment With Plate/Screws Of Broken Thigh Bone	\$973.11	
27508 27509	Closed Treatment Of Broken Thigh Bone, Lower End, Without Manipulation, Inside Or Outside Portion Insertion Of Hardware To Stabilize Broken Thigh Bone Or Separated Growth Plate, Accessed Through The Skin	\$480.99 \$627.98	
27510	Closed Treatment Of Broken Thigh Bone In The Area Of The Knee With Manipulation	\$618.75	
27511	Open Treatment Of Broken Thigh Bone In The Area Of The Knee	\$985.07	
27513	Open Treatment Of Fracture Of Lower End Of Thigh Bone Just Above Knee Joint (Supracondylar Or Transcondylar Fracture Of Femur)	\$1,238.24	
27514 27516	Open Treatment Of Fracture Of One Side Of Lower End Of Thigh Bone Just Above Knee Joint (Medial Or Lateral Condyle Fracture Of Femur) Closed Treatment Of Distal Femoral Epiphyseal Separation; Without Manipulation	\$971.66 \$483.43	
	Closed Treatment of Distal Femoral Epiphyseal Separation; With Manipulation, With Or Without Skin Or Skeletal Traction	\$632.00	
27519	Open Treatment Of Distal Femoral Epiphyseal Separation, Includes Internal Fixation, When Performed	\$807.23	
27520	Closed Treatment Of Patellar Fracture, Without Manipulation	\$225.62	
27524 27530	Open Treatment Of Patellar Fracture, With Internal Fixation And/Or Partial Or Complete Patellectomy And Soft Tissue Repair Closed Treatment Of Tibial Fracture, Proximal (Plateau); Without Manipulation	\$764.97 \$264.46	
27532	Closed Treatment Of Tibial Fracture, Proximal (Plateau); With Or Without Manipulation, With Skeletal Traction	\$491.28	
27535	Open Treatment Of Fracture Of One Side Of Upper End Of Shinbone (Medial Or Lateral Condyle Fracture Of Tibial Plateau)	\$937.41	
27536 27538	Open Treatment Of Fracture Of Both Sides Of Upper End Of Shinbone (Medial Or Lateral Condyle Fracture Of Tibial Plateau) Closed Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of Knee, With Or Without Manipulation	\$1,111.94 \$455.91	
27540	Open Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of Thee, with Ministry Managination (Open Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, Includes Internal Fixation, When Performed	\$824.90	
27550	Closed Treatment Of Knee Dislocation; Without Anesthesia	\$479.10	
27552	Treatment Of Closed Knee Dislocation; Requiring Anesthesia Open Treatment Of Knee Dislocation, Includes Internal Fixation, When Performed; Without Primary Ligamentous Repair Or	\$427.98	
27556	Augmentation/Reconstruction	\$794.35	
27557	Open Treatment Of Knee Dislocation With Ligament Repair	\$944.51	
27558 27560	Open Treatment Of Knee Dislocation With Ligament Repair And Augmentation/Reconstruction Closed Treatment Of Patellar Dislocation; Without Anesthesia	\$1,072.49 \$253.83	
27562	Treatment Of Closed Patellar Dislocation; Requiring Anesthesia	\$450.63	
	Open Treatment Of Patellar Dislocation, With Or Without Partial Or Total Patellectomy	\$936.11	
27570 27580	Manipulation Of Knee Joint Under General Anesthesia (Includes Application Of Traction Or Other Fixation Devices) Arthrodesis, Knee, Any Technique	\$136.54 \$1,491.22	
	Amputation, Thigh, Through Femur, Any Level;	\$772.19	
27591	Amputation Of Thigh Through Thigh Bone With Immediate Fitting	\$875.44	
27592	Amputation Of Thigh Through Thigh Bone, Open Procedure Amputation Of Thigh Through Thigh Bone, Secondary Closure	\$595.16 \$424.61	
27594 27596	Amputation Of Fright Through Femur, Any Level; Reamputation	\$424.61 \$728.69	
27598	Disarticulation At Knee	\$694.35	
27599	Unlisted Procedure, Femur Or Knee	Price By Report	
27600 27601	Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only Decompression Fasciotomy, Leg; Posterior Compartment(S) Only	\$366.40 \$409.98	
27602	Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compartment(S)	\$456.08	
27603	Incision And Drainage; Deep Abscess Or Hematoma	\$366.30	
27604 27605	Incision And Drainage; Infected Bursa Incision Of Achilles Tendon, Accessed Through The Skin Using Local Anesthetic	\$424.01 \$232.95	
	Incision Of Achilles Tendon, Accessed Through The Skin Requiring General Anesthesia	\$278.18	
27607	Incision (Eg, Osteomyelitis Or Bone Abscess), Leg Or Ankle	\$555.02	
27610 27612	Exploration, Drainage, Or Removal Of Foreign Body Of Ankle Arthrotomy, Posterior Capsular Release, Ankle, With Or Without Achilles Tendon Lengthening	\$644.96 \$574.10	
	Biopsy, Soft Tissues; Superficial	\$240.71	
27614	Biopsy, Soft Tissue Of Leg Or Ankle Area; Deep (Subfascial Or Intramuscular)	\$547.79	
27615 27616	Removal (Less Than 5 Centimeters) Tissue Growth Of Leg Or Ankle Removal (5 Centimeters Or Greater) Tissue Growth Of Leg Or Ankle	\$923.77 \$1,138.57	
	Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subcutaneous; Less Than 3 Cm	\$433.97	
27619	Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$470.87	
27620 27625	Arthrotomy, Ankle, With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Loose Or Foreign Body Arthrotomy, Ankle, With Synovectomy;	\$462.93 \$587.85	
27626	Arthrotomy, Ankle, For Synovectomy; Including Tenosynovectomy	\$555.67	
27630	Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion)	\$513.54	
27632	Removal (3 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Leg Or Ankle	\$438.60	

Code	Description		Prior Auth Status
27634	Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion), Leg And/Or Ankle 5 Cm Or Greater	\$613.42	
27635	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula;	\$592.26	
27637	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Primary Autogenous Graft (Includes Obtaining Graft)	\$673.65	
27638 27640	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Primary Homogenous Graft Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (Eg, Osteomyelitis); Tibia	\$763.91 \$844.84	
27641	Partial Excision (Craterization, Saucerization, Or Diaphysectorny), Bone (Eg. Osteonyelitis); Fibula	\$598.63	
27645	Farina Excision (Paraerization, Gaterization, Or Diaphysectioniy), Bone (Eg. Osteoniyenias), Fibida Radical Resection Of Tumor; Tibia	\$1,589.14	
27646	Radical Resection Of Tumor; Fibula	\$1,382.97	
27647	Radical Resection Of Tumor; Talus Or Calcaneus	\$922.40	
27648	Injection Procedure For Ankle Arthrography	\$194.99	
27650	Repair Of Ruptured Achilles Tendon, Open Or Through Skin Procedure	\$676.21	
27652	Repair Of Ruptured Achilles Tendon With Graft, Open Or Through Skin Procedure	\$610.27	
27654	Repair, Secondary, Achilles Tendon, With Or Without Graft	\$730.54	
27656	Repair, Fascial Defect Of Leg	\$482.30	
27658	Repair Of Leg Tendon On The Back Side Of The Leg (Flexor), Primary, Without Graft	\$364.85	
27659	Repair Of Leg Tendon On The Back Side Of The Leg (Flexor), Secondary With Or Without Graft	\$483.39	
27664	Repair Of Leg Tendon On The Front Of The Leg (Extensor), Primary, Without Graft	\$338.06	
27665	Repair Of Leg Tendon On The Front Of The Leg (Extensor), Secondary With Or Without Graft	\$426.23	
27675	Repair Of Dislocating Lower Leg Tendons Without A Cut Through The Lower Leg Bone On The Outside Of The Leg (Fibula)	\$505.82	
27676	Repair Of Dislocating Lower Leg Tendons With A Cut Through The Lower Leg Bone On The Outside Of The Leg (Fibula)	\$652.94	
27680	Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Single, Each Tendon	\$401.36	
27681	Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Multiple Tendons (Through Separate Incision(S))	\$468.62	
27685	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Single Tendon (Separate Procedure)	\$624.52	
27686	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Multiple Tendons (Through Same Incision), Each	\$490.75	
27687	Gastrocnemius Recession (Eg, Strayer Procedure) Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Superficial (Eg, Anterior Tibial Extensors Into Midfoot)	\$475.77 \$502.10	
27690	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Superficial (Eg., Anterior Tibial Extensors Into Midroot) Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Deep (Eg., Anterior Tibial Or Posterior Tibial Through	\$592.10	
27691	Interosseous Space, Flexor Digitorum Longus, Flexor Hallucis Longus, Or Peroneal Tendon To Midfoot Or Hindfoot)	\$726.31	
27691	Transplant Of Tendon And Muscle Rerouting At Lower Leg Or Ankle, Additional Tendon	\$100.57	
27695	Repair Of Disrupted Collateral Ligament Of Ankle, Primary	\$493.34	
27696	Primary Repair Of Disruption Of Both Ankle Ligaments	\$563.30	
27698	Repair Of Disrupted Collateral Ligament Of Ankle, Secondary	\$651.04	
27700	Arthroplasty, Ankle;	\$566.86	
27702	Arthroplasty, Ankle; With Implant ("Total Ankle")	\$975.00	
27703	Arthroplasty, Ankle; Revision, Total Ankle	\$1,007.98	
27704	Removal Of Ankle Implant	\$524.74	
27705	Osteotomy; Tibia	\$770.51	
27707	Osteotomy; Fibula	\$374.51	
27709	Osteotomy; Tibia And Fibula	\$1,037.51	
27712	Osteotomy; Multiple, With Realignment On Intramedullary Rod (Eg, Sofield Type Procedure)	\$964.05	
27715	Osteoplasty, Tibia And Fibula, Lengthening Or Shortening	\$973.15	
27720	Repair Of Nonunion Or Malunion, Tibia; Without Graft, (Eg, Compression Technique, Etc)	\$886.01	
27722	Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft		
	· · · · · · · · · · · · · · · · · · ·	\$815.56	
27724	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	\$1,257.25	
27724 27725	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method	\$1,257.25 \$1,101.07	
27724 27725 27726	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation	\$1,257.25 \$1,101.07 \$977.05	
27724 27725 27726 27727	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia	\$1,257.25 \$1,101.07 \$977.05 \$954.58	
27724 27725 27726 27727 27730	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51	
27724 27725 27726 27727 27730 27732	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09	
27724 27725 27726 27727 27730 27732 27734	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97	
27724 27725 27726 27727 27730 27732 27734 27740	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula;	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54	
27724 27725 27726 27727 27730 27732 27734 27740 27742	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$7709.54 \$691.31	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745 27750	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745 27750 27752	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur Prophylactic Treatment (Nalling, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745 27750	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745 27750 27752 27756	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745 27750 27752 27756	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745 27756 27758	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15	
27724 27725 27726 27727 27730 27730 27732 27734 27740 27742 27745 27750 27752 27756 27758	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$779.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745 27750 27756 27758 27758 27759 27760 27762 27762	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of The Inside Prominence Of Bone Of The Leg (Fibula) In The Region Of The Ankle	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84 \$330.42 \$619.07	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745 27755 27755 27758 27758 27760 27760 27760 27760 27760 27762 27766 27766 27766 27766	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin Open Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84 \$330.42 \$619.07 \$263.08	
27724 27725 27726 27727 27730 27732 27734 27740 27745 27745 27750 27752 27756 27758 27760 27760 27762 27766 27766 27766 27766 27766 27766 27766 27766 27766 27766 27766 27766	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling,	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84 \$330.42 \$619.07 \$263.08 \$417.48	
27724 27725 27726 27727 27730 27732 27734 27740 27745 27750 27752 27756 27758 27758 27759 27760 27762 27766 27766 27766 27768	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin Open Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of The Inside Prominence Of Bone Of The Ankle Without Manipulation Open Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of The Prominence Of The Ankle Located In The Back Of The Ankle	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$779.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84 \$330.42 \$619.07 \$263.08 \$417.48 \$724.34	
27724 27725 27726 27727 27730 27732 27734 27740 27745 27750 27752 27756 27758 27758 27760 27762 27766 27766 27767 27768	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin Open Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of The Prominence Of The Ankle Located In The Back Of The Ankle Closed Treatment Of The Outside Bone Of The Leg (Fibula) In Th	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84 \$330.42 \$619.07 \$263.08 \$417.48 \$724.34 \$214.99	
27724 27725 27726 27727 27730 27732 27734 27742 27745 27750 27752 27758 27758 27759 27760 27762 27766 27767 27768 27768 27769 27769 27769 27769 27769	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin Open Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of The Prominence Of Bone Of The Ankle Without Manipulation Closed Treatment Of The Prominence Of The Ankle Located In The Back Of The Ankle Closed Treatment Of The Prominence Of The Ankle Located In The Back Of The Ankle Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Middle Or Upper End Without M	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84 \$330.42 \$619.07 \$263.08 \$417.48 \$724.34 \$214.99	
27724 27725 27726 27727 27730 27732 27734 27740 27742 27745 27750 27756 27758 27758 27760 27762 27766 27762 27766 27767 27768 27769 27769 27769 27769 27769 27769 27769 27780	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis), Any Method. Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of The Inside Prominence Of Bone Of The Ankle Without Manipulation Closed Treatment Of The Outside Bone Of The Leg (Fibial) In The Middle Or Upper End Without Manipulation Open Treatment Of The Outside Bone Of The Leg (Fibial) In The Middle	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84 \$330.42 \$619.07 \$263.08 \$417.48 \$724.34 \$217.09 \$317.09	
27724 27725 27726 27727 27730 27732 27734 27742 27745 27750 27752 27756 27758 27756 27766 27766 27766 27768 27768 27768 27768 27768 27768 27768 27768 27768 27768 27768	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Arrest, Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Arrest, Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Frenture Prophylactic Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Ufficial Shaft Fracture (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Interlocking Screws And/Or Cerclage Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of The Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of The Cutside Bone Of The Leg (Fibula) In The Middle	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$709.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84 \$330.42 \$619.07 \$263.08 \$417.48 \$724.34 \$214.99 \$317.09 \$649.10 \$329.48	
27724 27725 27726 27727 27730 27732 27734 27740 27745 27750 27752 27756 27758 27758 27766 27766 27766 27766 27767 27768 27769 27769 27780 27781 27781 27781 27786 27781	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method Repair Of Fibiala Nonunion And/Or Malunion With Internal Fixation Repair Of Congenital Pseudarthrosis, Tibia Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Interlocking Screws And/Or Cerclage Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Open Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation Closed Treatment Of The Prominence Of The Ankle Located In The Back Of The Ankle Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Middle Or Upper End Without Manipulation Open Treatme	\$1,257.25 \$1,101.07 \$977.05 \$954.58 \$512.51 \$419.09 \$602.97 \$647.54 \$7709.54 \$691.31 \$360.58 \$568.48 \$593.15 \$907.86 \$1,005.69 \$322.84 \$330.42 \$619.07 \$263.08 \$417.48 \$724.34 \$214.99 \$317.09 \$649.10 \$329.48	
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Conceptession Facoloticity, Lip, America Anafol's Larent Corportment Only With Distributional Of Norwight Marcial Anafol's Nerve (1963.3) Discriptional Facoloticity, Lip, Patentior Comparisonal Of Norwight Marcial Anafol's Nerve (1963.3) Discriptional Facoloticity, Lip, America Anafol's Larent, Ana Positions Comparisonal Of Norwight Marcial Anafol's Nerve (1963.3) Discriptional Facoloticity, Lip, America Anafol's Larent, Anafol's Discriptional Office (1963.3) Discription (1964) Discription of Patention (1964) Discription (1964) Discrip	27888	Amputation, Ankle, Through Malleoli Of Tibia And Fibula (Eg, Syme, Pirogoff Type Procedures), With Plastic Closure And Resection Of Nerves	\$588.43	
Decompression Faciolotine, Log. Posteror Compartment (S), Virth Debridement Of Norwalde Muscle And Of Section Decompression Faciolotine, Log. Particle And Posteror Compartment (S), Virth Debridement Of Norwalde Muscle And Of Section Decompression Faciolotine, Log. Particle Section (C) (1997) (19	27889	Amputation Of Foot Through Ankle Joint	\$566.51	
Decomposessor Facotions, Leg. Anterior And/Or Lateral, And Posterior Compensations, NWIn Depotement Of Nonviebe Muscola And/OV 8542.22 77890 Missilan Political Facility (Proc. Specifical Proc.	27892	Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only, With Debridement Of Nonviable Muscle And/Or Nerve	\$459.35	
	27893		\$563.33	
Interest Procedure, Log C Ankles Price By Report				
Section Sect				
200333 Deep Indexton. Bellum Francia. Requiring Deep Dissaction. Will not Willoud Tendon Sheath Involvement! Multiple Arease \$398.33				
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Regard Of Toe Tendon, Accessed Through The Skin \$202.42				
Separa Of Multiple Too Tendoris, Accessed Through The Skin Separa Og				
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202024 Exploration, Pariange, Or Removal Of Foeign Body Of Toe Joint \$486.26 202035 Selesses, Transf Turner (Posterior Tibul Neve Decompression) \$486.26 202036 Selesses, Transf Turner (Posterior Tibul Neve Decompression) \$59.99.90 202041 Excision, Turnor, Soft Tissue OF Foot Or Toe, Subclusteneous, Less Than 1.5 Cm \$341.42 202042 Excision, Turnor, Soft Tissue OF Foot Or Toe, Subclusteneous, Less Than 1.5 Cm \$450.66 202045 Excision, Turnor, Soft Tissue OF Foot Of Toe, Subclusteneous, Less Than 1.5 Cm \$450.66 202046 Excision, Turnor, Soft Tissue OF Foot Of Toe, Subclusteneous, Less Than 1.5 Cm \$450.66 202047 Removal (Less Tinna) Certification Of Controlled Of Controlle				
15 Cm Or Greater		· · · · · · · · · · · · · · · · · · ·		
Sexision, Tumor, Soft Tissue Of Food Or Toe, Subdiascial (Eg., Internauscular), 1, 5 cm of Greater \$443.88				
Sexistion, Trumon, Solf Tissue Of Food Or Toe, Subculamous, Less Than 1.5 Cm				
Excision Turnor, Soft Tissue Of Foot Or Toe, Subfacial (Eg., Intramuscular): Less Than 1.5 Cm				
28040 A Removal (Liess Than 3 Centimeters) Tissue Growth Of Foot Or Toe \$655.34 28047 A Removal (Liess Than 3 Centimeters) Tissue Growth Of Foot Or Toe \$339.05 28058 Dispoys Through A Joint Opening in The Toe/Forefoot Joint \$384.00 28056 Silospy Through A Joint Opening in The Toe/Forefoot Joint \$384.01 28056 Silospy Through A Joint Opening in The Toe/Forefoot Joint \$384.19 28056 Neurectory, Intrinsic Musculature Of Foot \$354.44 28060 Feating Tissue, Transportation of The Section Tissue Procedure) \$448.13 28060 Feating Tissue, Excision Of Tearsonnelations and Joint, Each \$365.44 28070 Syrovectomy, Interinsia Or Tarsonnelations and Joint, Each \$465.51 28070 Syrovectomy, Retains and Procedures of Tearsonnelations and Joint, Each \$465.51 28070 Syrovectomy, Retains and Procedures of Tearsonnelations and Joint, Each \$465.51 28070 Syrovectomy, Retains and Procedures of Tearsonnelations and Joint, Each \$465.51 28070 Syrovectomy, Retains and Procedures of Tearson Active Annual Syrovectomy (Eg. Cycl) of Genglion; Poot \$465.51 28070 Syrovectomy, Retains and Procedures of Tearson Active Annual Syrovectomy (Eg. Cyc) of Genglion; Tearson Active Annual Syrovec				
Removal Centimeters Or Greater) Issue Growth Of Foot Or Tree \$393.95				
Biopsy Through A Joint Opening in The ForForeford Joint		· ·		
\$80.00 \$				
28056 Arthrotomy For Synovial Boppsy, Interphalangeal Joint \$354,44				
S354.44				
28606 Fasciectomy, Plantar Fascia, Partial (Separate Procedure) \$448.13				
28692 Sascientormy, Excision Of Plantar Fascia, Radical (Separate Procedure) \$353.62				
28072 Synovectomy, Metatarsophalangeal Joint, Each \$48.45 28080 Existion, Interdigital (Morton) Neuroma, Single, Each \$308.75 28080 Existion, Interdigital (Morton) Neuroma, Single, Each \$506.32 28088 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$50.63 28088 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$43.17 28080 Existion Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg., Cyst Or Ganglion); Foot \$321.91 28080 Existion Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg., Cyst Or Ganglion); Toe(S), Each \$375.27 28100 Existion Of Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With like Or Other Autogenous Bone Graft (Includes Obtaining Carcial Car				
Sciolary	28070	Synovectomy; Intertarsal Or Tarsometatarsal Joint, Each	\$485.91	
28086 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$506.32 28088 Removal Of Lining Of The Foot Tendon On The Upder Surface Of The Foot \$431.76 28080 Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectorny) (Eg. Cyst Or Ganglion); Foot \$321.91 28090 Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectorny) (Eg. Cyst Or Ganglion); Too(S), Each \$375.27 28100 Excision Or Cuertage Of Bone Ocyst Or Benign Turnor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) \$554.86 28102 Graft) Excision Or Cuertage Of Bone Ocyst Or Benign Turnor, Talus Or Calcaneus; With Homogenous Bone Graft \$360.75 28103 Excision Or Cuertage Of Bone Ocyst Or Benign Turnor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; \$440.03 28104 Excision Or Cuertage Of Bone Ocyst Or Benign Turnor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft \$366.75 28104 Autogenous Bone Graft (Includes Obtaining Graft) \$366.29 28105 Autogenous Bone Graft (Includes Obtaining Graft) \$366.29 2810 Autogenous Bone Graft (Includes Obtaining Graft) \$362.99 2810 Autogenous Bone Graft (Includes Obtaining Graft) \$362.91 2810 Autogenous Bone Graft (Includes Obtaining Graft) \$362.91 2810 Autogenous Bone Graft (Includes	28072	Synovectomy; Metatarsophalangeal Joint, Each	\$463.43	
Removal Of Lining Of The Foot Tendon On The Upper Surface Of The Foot \$431.76	28080	Excision, Interdigital (Morton) Neuroma, Single, Each	\$368.78	
Excision Of Lesion, Tendon, Tendon Sheath, O'C Capsule (Including Synovectomy) (Eg. Cyst O' Ganglion); Foot \$321.91	28086			
Excision of Lesion, Tendon Sheath, Or Capsule (Including Synovectormy) (Eg. Cyst Or Ganglion); Toe(S), Each \$375.27				
Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Sp. 560.82) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homoge				
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Section Sect	28100		\$554.86	
Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talsa Or Calcaneus; With Homogenous Bone Graft \$360.75	20102		\$ 500.00	
Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges Indicator In Phalang				
Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other \$396.29 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft Graft Graft S477.23 S411.03 S28108 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 S28109 Section, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure) \$319.34 S28110 Stectomy, Complete Excision Of First Metatarsal Head S478.36 S28112 Removal Of Bones At Second, Third, Or Fourth Toe Joints S341.97 S28113 Stectomy, Fifth Metatarsal Head S404.13 Ostectomy, Complete Excision; All Metatarsal Heads S404.13 Ostectomy, Complete Excision; All Metatarsal Heads S404.13 Ostectomy, Complete Excision; All Metatarsal Heads S404.13 Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type Procedure) S488.70 S28116 S481.00 S488.70 S				
Autogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Start, 23 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 23 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 23 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 23 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 23 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 23 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 23 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 24 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 24 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 24 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 25 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 26 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 26 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 26 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Start, 27 Excision Or Curettage Of Bone Cyst Or Or Heel Bone For Bone Infection In The Midfloot Area Excision Cyst Or Heel Bone For Bone Infection In The Midfloot Area Excision Cyst Or Heel Bone For Bone Infection In The Midfloot Area Excision Cyst Or Heel Bone For Bone Infection In The Midfloot Area Excision Cyst Or Complete, Phalangeal Base, Each Toe Excision Cyst Or Cymplete, Phalangeal Base, Each Toe Excision Cyst Or Cymplete, Phalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each Excision Cyst Or Tumor, Phalanx Of Toe	20104		ψ+0+.03	
Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone \$477.23 Sal To Graft \$477.23 Sal Resistant Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Sal Resistant Ostectomy, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure) \$319.34 Sal To Ostectomy, Complete Excision Of First Metatarsal Head (Bunionette) (Separate Procedure) \$319.34 Sal To Ostectomy, Complete Excision Of First Metatarsal Head \$478.36 Sal To Ostectomy, Complete Excision Of First Metatarsal Head \$441.97 Sal To Ostectomy, Fifth Metatarsal Head \$404.13 Ostectomy, Fifth Metatarsal Head \$404.13 Ostectomy, Fifth Metatarsal Head \$404.13 Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type \$995.58 Sal To Ostectomy, Excision Of Tarsal Coalition \$688.70 Sal To Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) \$688.70 Sal To Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) \$688.70 Sal To Ostectomy, Calcaneus; Por Spur, With Or Without Plantar Fascial Release \$477.66 Sal To Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release \$463.10 Sal To Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release \$463.10 Sal To Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release \$463.10 Sal To Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release \$463.10 Sal To Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release \$463.10 Sal To Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release \$463.10 Sal To Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release \$463.10 Sal To Ostectomy, Calcaneus; For Spur, With Or Release \$463.10 Sal To Ostec	28106		\$396.29	
\$477.23			7.7.7.20	
Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03	28107		\$477.23	
28111 Ostectomy; Complete Excision Of First Metatarsal Head 28112 Removal Of Bones At Second, Third, Or Fourth Toe Joints 28113 Ostectomy; Fifth Metatarsal Head 28113 Ostectomy, Fifth Metatarsal Head 28114 Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type 28116 Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type 28116 Ostectomy, Excision Of Tarsal Coalition 28118 Ostectomy, Excision Of Tarsal Coalition 28119 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28121 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area 28122 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe 28130 Talectomy (Astragalectomy) 28140 Metatarsectomy 28150 Phalangectomy, Toe, Each Toe 28151 Phalangectomy, Toe, Each Toe 28152 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28160 Hemiphalangectomy, Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot 28173 Radical Resection Of Tumor; Metatarsal 281873 Radical Resection Of Tumor; Phalanx Of Toe 281873 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin				
Removal Of Bones At Second, Third, Or Fourth Toe Joints Statistics Statistic	28110		\$319.34	
28113 Ostectomy, Fifth Metatarsal Head Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type Procedure) 8995.58 28116 Ostectomy, Excision Of Tarsal Coalition 28118 Ostectomy, Excision Of Tarsal Coalition 28119 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28119 Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfort Area 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe 28125 Resection, Partial Or Complete, Phalangeal Base, Each Toe 28126 Resection, Vastragalectomy) 28130 Talectomy (Astragalectomy) 28140 Metatarsectomy 28150 Phalangectomy, Toe, Each Toe 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each 28175 Radical Resection Of Tumor; Metatarsal 28176 Radical Resection Of Tumor; Phalanx Of Toe 28175 Radical Resection Of Tumor; Phalanx Of Toe 28176 Radical Resection Of Tumor; Phalanx Of Toe 28177 Radical Resection Of Tomor; Phalanx Of Toe 28178 Radical Resection Of Tomor; Phalanx Of Toe 28179 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin				
Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type \$995.58] 28116 Ostectomy, Excision Of Tarsal Coalition \$688.70 \$688.70 \$28118 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) \$682.16 \$28119 Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release \$475.66 \$28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area \$463.10 \$28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area \$469.64 \$28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe \$333.59 \$28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe \$290.02 \$28130 Talectomy (Astragalectomy) \$602.31 \$28140 Metatarsectomy \$477.46 \$28150 Phalangectomy, Toe, Each Toe \$394.36 \$28150 Phalangectomy, Toe, Each Toe \$338.84 \$28150 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$389.34 \$28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$389.34 \$28173 Radical Resection Of Tumor; Metatarsal \$671.66 \$28153 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35				
28114 Procedure) Seguence Seg	28113		\$404.13	
28116 Ostectomy, Excision Of Tarsal Coalition 28118 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28119 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28121 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area 28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe 28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe 28130 Talectomy (Astragalectomy) 28140 Metatarsectomy 28150 Phalangectomy, Toe, Each Toe 28151 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot 28173 Radical Resection Of Tumor; Phalanx Of Toe 281875 Radical Resection Of Tumor; Phalanx Of Toe 281876 Redical Resection Of Tumor; Phalanx Of Toe 281877 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin	0044		***	
28118 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28119 Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfort Area 28124 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area 28125 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe 28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe 28127 Talectomy (Astragalectomy) 28130 Talectomy (Astragalectomy) 28140 Metatarsectomy 28150 Phalangectomy, Toe, Each Toe 28150 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28151 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28152 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28153 Resection Of Turor; Metatarsal 28175 Radical Resection Of Tumor; Metatarsal 28175 Radical Resection Of Tumor; Phalanx Of Toe 28175 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin		,		
28119 Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28121 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe 28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe 28127 Talectomy (Astragalectomy) 28140 Metalarsectomy 28140 Metalarsectomy 28150 Phalangectomy, Toe, Each Toe 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28154 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28155 Resection, Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each 28175 Radical Resection Of Tumor; Metatarsal 28176 Radical Resection Of Tumor; Phalanx Of Toe 28178 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin				
Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area \$463.10 28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area \$469.64 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe \$333.59 28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe \$290.02 28130 Talectomy (Astragalectomy) \$602.31 28140 Metatarsectomy \$477.46 28150 Phalangectomy, Toe, Each Toe \$394.36 28161 Hemiphalangectomy, Toe, Each Toe \$388.84 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$489.34 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 \$439.35 \$239.35				
Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area S469.64 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe S333.59 S8128 Resection, Partial Or Complete, Phalangeal Base, Each Toe S290.02 S8130 Talectomy (Astragalectomy) Metatarsectomy S602.31 S477.46 S8140 Phalangectomy, Toe, Each Toe S394.36 S8153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe S385.84 S8160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each S889.34 S8171 Extensive Removal Of Bone Growth, Middle Portion Of Foot S8173 Radical Resection Of Tumor; Metatarsal S871.66 S8175 Radical Resection Of Tomor; Phalanx Of Toe S433.24 S8190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin				
28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe \$333.59 28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe \$290.02 28130 Talectomy (Astragalectomy) \$602.31 28140 Metatarsectomy \$477.46 28150 Phalangectomy, Toe, Each Toe \$334.36 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe \$385.84 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$389.34 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35				
28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe \$290.02 28130 Talectomy (Astragalectomy) \$602.31 28140 Metatarsectomy \$477.46 28150 Phalangectomy, Toe, Each Toe \$394.36 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe \$385.84 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$389.34 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35				
28130 Talectomy (Astragalectomy) \$602.31 28140 Metatarsectomy \$477.46 28150 Phalangectomy, Toe, Each Toe \$394.36 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe \$385.84 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$389.34 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35				
28140 Metatarsectomy \$477.46 28150 Phalangectomy, Toe, Each Toe \$394.36 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe \$385.84 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$389.34 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35				
28150 Phalangectomy, Toe, Each Toe \$394.36 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe \$385.84 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$389.34 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35				
28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe \$385.84 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$389.34 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35		•		
28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$389.34 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35				
28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35				
28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35				
28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24 28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35		Radical Resection Of Tumor; Metatarsal		
28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$239.35	28175		\$435.24	
28192 Removal Of Foreign Body Of Foot Tissue, Deep \$319.50				
	28192	Removal Of Foreign Body Of Foot Tissue, Deep	\$319.50	

Code	Description	Fee	Prior Auth Status
28193	Removal Of Foreign Body Of Foot Tissue, Complicated	\$361.66	
28200	Repair Of Foot Tendon On The Sole Of The Foot Without A Graft	\$394.97	
28202	Repair Of Foot Tendon On The Sole Of The Foot With A Graft	\$560.40	
28208	Repair Of Foot Tendon On The Top Side Of The Foot Without A Graft	\$334.17	
28210	Repair Of Foot Tendon On The Top Side Of The Foot With A Graft	\$550.82	
28220	Release Of Single Foot Tendon On The Bottom Side Of The Foot (Flexor Tendon)	\$425.78	
28222	Tenolysis, Flexor, Foot; Multiple Tendons	\$490.49	
28225	Release Of Single Foot Tendon On The Top Side Of The Foot (Extensor) Tenolysis, Extensor, Foot; Multiple Tendons	\$443.97	
28226 28230	Incision To Lengthen Foot Tendons, Open Procedure	\$582.54 \$409.19	
28232	Incision To Lengthen Toe Tendon, Open Procedure	\$263.35	
28234	Incision To Release Foot Tendon, Open Procedure	\$364.37	
28238	Reconstruction (Advancement), Posterior Tibial Tendon With Excision Of Accessory Tarsal Navicular Bone (Eg, Kidner Type Procedure)	\$699.56	
28240	Tenotomy Or Release, Abductor Hallucis Muscle (Mccauley Type Procedure)	\$421.07	
28250	Division Of Plantar Fascia And Muscle (Eg, Steindler Stripping) (Separate Procedure)	\$545.07	
28260	Capsulotomy, Midfoot; Medial Release Only (Separate Procedure)	\$663.38	
28261	Capsulotomy, Midfoot; With Tendon Lengthening	\$814.60	
28262	Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy And Tendon(S) Lengthening (Eg, Resistant Clubfoot Deformity)	\$1,009.46	
28264	Capsulotomy, Midtarsal (Eg, Heyman Type Procedure)	\$841.20	
28270	Capsulotomy; Metatarsophalangeal Joint, With Or Without Tenorrhaphy, Each Joint (Separate Procedure)	\$431.51	
28272	Capsulotomy; Interphalangeal Joint, Each Joint (Separate Procedure)	\$363.69	
28280	Syndactylization, Toes (Eg, Webbing Or Kelikian Type Procedure)	\$481.97	
28285	Correction, Hammertoe (Eg. Interphalangeal Fusion, Partial Or Total Phalangectomy)	\$370.97	
28286	Correction, Cock-Up Fifth Toe, With Plastic Skin Closure (Eg, Ruiz-Mora Type Procedure)	\$418.23	
28288	Ostectomy, Partial, Exostectomy Or Condylectomy, Metatarsal Head, Each Metatarsal Head	\$418.07	
28289	Correction Of Rigid Deformity Of First Joint Of Big Toe	\$731.35	
28291	Correction Of Rigid Deformity Of First Joint Of Big Toe Using Implant	\$667.60	
28292	Correction Of Bunion With Removal Of The Base Of The Great Toe	\$553.02	
28295	Correction Of Bunion, With Alignment Correction Of Midfoot Bone (Metatarsal) Towards The Ankle Area	\$1,034.65	
28296	Correction Of Bunion, With Alignment Correction Of Midfoot Bone (Metatarsal) Towards Toe Areas	\$777.21 \$740.37	
28297	Correction Of Bunion, With Fusion Of The Midfoot (Metatarsal) Bone And The Hindfoot Bone (Tarsal) Correction Of Bunion, With Alignment Correction The Great Toe	\$740.37	
28298 28299	Correction Of Bunion, With Two Areas Of Realignment	\$678.10 \$857.22	
28300	Osteotomy, Calcaneus (Eg, Dwyer Or Chambers Type Procedure), With Or Without Internal Fixation	\$655.47	
28302	Osteotomy: Talus	\$654.30	
28304	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus;	\$631.04	
28305	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Includes Obtaining Graft) (Eg, Fowler Type)	\$623.87	
28306	Incision To Straighten Big Toe Bone At The First Midfoot Bone (Metatarsal) Level	\$464.44	
20000	model to Charginot Eg. to Solicita the that major Solicitation, 2010.	ψ101.11	
28307	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal With Autograft (Other Than First Toe)	\$737.82	
28308	Incision To Straighten Toe Bone (Other Than The Big Toe) At The Midfoot Bone (Metatarsal) Level	\$472.10	
28309	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Multiple (Eg, Swanson Type Cavus Foot Procedure)	\$815.39	
28310	Incision To Straighten Big Toe Bone At The First Toe Bone Level	\$481.52	
28312	Incision To Straighten Toe Bone (Other Than The Big Toe) At Toe Bone Level	\$489.37	
28313	Reconstruction, Angular Deformity Of Toe, Soft Tissue Procedures Only (Eg, Overlapping Second Toe, Fifth Toe, Curly Toes)	\$496.40	
28315	Sesamoidectomy, First Toe (Separate Procedure)	\$332.33	
28320	Repair Of Non-Healed Midfoot Bone	\$622.77	
28322	Repair Of Non-Healed Forefoot Bone	\$732.80	
28340	Reconstruction Of Abnormal Toe, Without Bone Removal	\$533.97	
28341	Reconstruction Of Abnormal Toe, With Bone Removal	\$617.85	
28344	Reconstruction, Toe(S) Polydactyly	\$322.46	
28345	Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web	\$457.39	
28360	Reconstruction, Cleft Foot Closed Treatment Of Cologogal Fracture: Without Manipulation	\$1,002.08	
28400	Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation	\$223.28	
28405	Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin	\$401.84 \$525.42	
28406	Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed;	\$525.42 \$044.15	
28415	Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, when Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft	\$944.15	
28420	Open Treatment of Calcanear Fracture, includes internal Fixation, when Pendimed; with Primary flac of Other Autogenous Bone Grant (Includes Obtaining Graft)	\$1,186.88	
28430	Closed Treatment Of Talus Fracture; Without Manipulation	\$1,186.88	
28435	Treatment Of Closed Talus Fracture; With Manipulation	\$331.58	
28436	Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin	\$465.59	
28445	Open Treatment of The Bone That Connects The Foot To The Ankle	\$898.41	
28446	Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure	\$1,109.61	
28450	Treatment Of Broken Foot Bone Without Manipulation	\$153.03	
28455	Treatment Of Broken Foot Bone With Manipulation	\$274.88	
28456	Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin	\$351.82	
28465	Open Treatment Of Fracture Of The Hind Portion Of The Foot	\$510.62	
28470	Closed Treatment Of Broken Foot Bone In The Fore Or Midfoot Without Manipulation	\$228.56	
28475	Treatment Of Closed Metatarsal Fracture; With Manipulation, Each	\$228.56	
28476	Insertion Of Hardware To Broken Foot Bone With Manipulation, Accessed Through The Skin	\$408.70	
28485	Open Treatment Of Fracture Of The Mid Portion Of The Foot	\$419.58	
28490	Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; Without Manipulation	\$98.06	
28495	Treatment Of Closed Fracture Great Toe, Phalanx Or Phalanges; With Manipulation	\$169.39	
28496	Insertion Of Hardware To Broken Great Toe With Manipulation, Accessed Through The Skin	\$408.55	
28505	Open Treatment Of Fracture, Great Toe, Phalanx Or Phalanges, Includes Internal Fixation, When Performed	\$454.13	
28510	Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; Without Manipulation, Each	\$83.50	
28515	Treatment Of Closed Fracture, Phalanx Or Phalanges, Other Than Great Toe; With Manipulation, Each	\$113.49	
28525	Open Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe, Includes Internal Fixation, When Performed, Each	\$503.96	
28530	Closed Treatment Of A Small Bone In A Tendon In The Foot	\$107.75	
28531	Open Treatment Of Fracture Of Fracture Of A Small Bone Within A Tendon In The Foot	\$314.70	
28540	Closed Treatment Of Tarsal Bone Dislocation, Other Than Talotarsal; Without Anesthesia	\$184.97	
28545	Treatment Of Closed Tarsal Bone Dislocation; Requiring Anesthesia	\$291.08	
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Code	Description Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin, Other Than The Ankle (Talus) To The Midfoot	Fee	Prior Auth Status
28546	(Tarsal) Bones	\$559.97	
28555	Open Treatment Of Dislocation Foot Joint Within The Hindfoot Bones	\$801.91	
28570	Closed Treatment Of Dislocated Hindfoot Without Anesthesia	\$221.77	
28575	Closed Treatment Of Dislocated Hindfoot With Anesthesia	\$339.09	
28576	Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin Of The Ankle (Talus) With The Midfoot (Tarsal) Bones	\$354.49	
28585	Open Treatment Of Dislocation Foot Joint Within The Midfoot Bones	\$827.44	
28600	Closed Treatment of Dislocated Midfoot Without Anesthesia	\$197.47	
28605	Closed Treatment Of Dislocated Midfoot With Anesthesia	\$235.94	
	Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin Of The Midfoot (Tarsal) Bones Joint With The	·	
28606	Forefoot (Metatarsal) Bones	\$389.83	
28615	Open Treatment Of Dislocation At The Connection Of The Midfoot To The Forefoot	\$560.89	
28630	Closed Treatment Of Metatarsophalangeal Joint Dislocation; Without Anesthesia	\$111.90	
28635 28636	Treatment Of Closed Metatarsophalangeal Joint Dislocation; Requiring Anesthesia Insertion Of Hardware To Foot Bone Dislocation With Manipulation, Accessed Through The Skin	\$163.51 \$296.03	
28645	Open Treatment Of Metatarsophalangeal Joint Dislocation, Includes Internal Fixation, When Performed	\$574.05	
28660	Closed Treatment Of Interphalangeal Joint Dislocation; Without Anesthesia	\$83.94	
28665	Treatment Of Closed Interphalangeal Joint Dislocation; Requiring Anesthesia	\$141.26	
28666	Insertion Of Hardware To Toe Joint Dislocation With Manipulation, Accessed Through The Skin	\$167.53	
28675	Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed	\$511.42	
28705	Fusion Of All Bones Of The Ankle And Hindfoot	\$1,114.21	
28715	Fusion Of Three Major Bones Of The Hindfoot	\$956.80	
28725	Fusion Of Foot Below The Ankle, Simple	\$792.45	
28730	Fusion Of Multiple Foot Joints Without A Bone Incision	\$747.89	
28735	Fusion Of Multiple Foot Joints With A Bone Incision Fusion Of Foot Below The Ankle, Complex	\$718.10 \$745.49	
28737 28740	Fusion Of Foot In The Midfoot Region	\$745.49 \$580.59	
28750	Fusion Of Great Toe At The Joint With The Foot	\$539.34	
28755	Fusion Of Great Toe, Between The Toe Joints	\$447.72	
28760	Fusion Of Great Toe, Between The Toe Joints With Tendon Transfer	\$716.09	
28800	Amputation Of Midroot Bone	\$542.06	
28805	Amputation Of Foot Across Instep Amputation Of Toe And Midfoot Bone	\$594.41	
28810 28820	Amputation Of Toe At Joint Between The Forefoot And Toes	\$408.50 \$314.16	
28825	Amputation Of Toe At Toe Joints	\$235.17	
20020	Extracorporeal Shock Wave, High Energy, Performed By A Physician Or Other Qualified Health Care Professional, Requiring Anesthesia Other	Ψ200.11	
28890	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia	\$324.39	
28899	Unlisted Procedure, Foot Or Toes	Price By Report	
29000	Application Of Halo Type Body Cast (See 20661-20663 For Insertion)	\$318.92	
29010 29015	Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head	\$243.77 \$269.26	
29015	Application of Body Cast, Shoulder To Hips;	\$236.40	
29040	Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type	\$269.23	
29044	Application Of Body Cast, Shoulder To Hips; Including One Thigh	\$264.10	
29046	Application Of Body Cast, Shoulder To Hips; Including Both Thighs	\$289.21	
29049	Application, Cast; Figure-Of-Eight	\$91.11	
29055	Application; Shoulder Spica	\$204.67	
29058	Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm)	\$112.72	
29065 29075	Application Of Cast, Shoulder 10 Hard (Edity Affri) Application Of Cast, Elbow To Finger (Short Arm)	\$99.70 \$91.50	
29085	Application; Hand And Lower Forearm (Gauntlet)	\$97.35	
29086	Application, Cast; Finger (Eg, Contracture)	\$71.21	
29105	Application Of Long Arm Splint (Shoulder To Hand)	\$83.53	
	Application Of Non-Moveable, Short Arm Splint (Forearm To Hand)	\$67.63	
	Application Of Moveable, Hinged Short Arm Splint (Forearm To Hand)	\$52.64	
29130	Application Of Non-Moveable, Hinged Finger Splint	\$41.83	
29131 29200	Application Of Moveable, Hinged Finger Splint Strapping; Thorax	\$39.77 \$31.62	
29240	Strapping, Horiax Strapping; Shoulder (Eg, Velpeau)	\$31.87	
29260	Strapping, Fibow Or Wrist	\$32.87	
29280	Strapping; Hand Or Finger	\$27.59	
29305	Application Of Hip Spica Cast One Leg	\$227.04	
29325	Application Of Hip Spica Cast, One And One-Half Hip Spica Or Both Legs	\$183.78	
29345	Application Of Long Leg Cast (Thigh To Toes); Application Of Long Leg Cast (Thigh To Toes) Walker Or Ambulatory Type	\$144.91 \$120.95	
29355	Application Of Long Leg Cast (Thigh To Toes), Walker Or Ambulatory Type	\$129.85 \$142.41	
	Application Of Long Leg Cast Brace		
29358 29365	Application Of Long Leg Cast Brace Application Of Cylinder Cast (Thigh To Ankle)		
29358 29365 29405		\$112.60 \$81.82	
29365 29405 29425	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type	\$112.60 \$81.82 \$77.56	
29365 29405 29425 29435	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast	\$112.60 \$81.82 \$77.56 \$103.32	
29365 29405 29425 29435 29440	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48	
29365 29405 29425 29435 29440 29445	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25	
29365 29405 29425 29435 29440 29445 29450	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59	
29365 29405 29425 29435 29440 29445 29450 29505	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg Application Of Long Leg Splint (Thigh To Ankle Or Toes)	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59 \$83.03	
29365 29405 29425 29435 29440 29445 29450	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59	
29365 29405 29425 29435 29440 29445 29450 29505 29515	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg Application Of Long Leg Splint (Thigh To Ankle Or Toes) Application Of Short Leg Splint (Calf To Foot) Strapping; Hip Strapping; Knee	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59 \$83.03 \$72.73	
29365 29405 29425 29435 29440 29445 29450 29505 29515 29520 29530 29540	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg Application Of Long Leg Splint (Thigh To Ankle Or Toes) Application Of Short Leg Splint (Calf To Foot) Strapping; Hip Strapping; Hip Strapping; Knee	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59 \$83.03 \$72.73 \$37.33 \$28.69 \$29.89	
29365 29405 29425 29435 29440 29445 29450 29505 29515 29520 29530 29540 29550	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg Application Of Long Leg Splint (Thigh To Ankle Or Toes) Application Of Short Leg Splint (Calf To Foot) Strapping; Hip Strapping; Knee Strapping; Ankle And/Or Foot Strapping; Toes	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59 \$83.03 \$72.73 \$37.33 \$28.69 \$29.89 \$17.89	
29365 29405 29425 29435 29440 29445 29450 29505 29515 29520 29530 29540 29550 29580	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Rigid Total Contact Leg Cast Application Of Ludgoot Cast With Molding Or Manipulation, Long Or Short Leg Application Of Long Leg Splint (Thigh To Ankle Or Toes) Application Of Short Leg Splint (Calf To Foot) Strapping; Hip Strapping; Knee Strapping; Ankle And/Or Foot Strapping; Toes Strapping; Toes	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59 \$83.03 \$72.73 \$37.33 \$28.69 \$29.89 \$17.89 \$54.99	
29365 29405 29425 29435 29440 29445 29450 29505 29505 29520 29530 29540 29580 29580 29580	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg Application Of Long Leg Splint (Thigh To Ankle Or Toes) Application Of Short Leg Splint (Calf To Foot) Strapping; Hip Strapping; Knee Strapping; Ankle And/Or Foot Strapping; Toes Strapping; Unna Boot Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59 \$83.03 \$72.73 \$37.33 \$28.69 \$29.89 \$17.89 \$54.99	
29365 29405 29425 29435 29440 29440 29505 29515 29520 29530 29530 29580 29580 29581 29581	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg Application Of Long Leg Splint (Thigh To Ankle Or Toes) Application Of Short Leg Splint (Calf To Foot) Strapping; Hip Strapping; Hip Strapping; Ankle And/Or Foot Strapping; Toes Strapping, Unna Boot Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot Application Of Vein Wound Compression System Upper Arm, Forearm, Hand, And Fingers	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59 \$83.03 \$72.73 \$37.33 \$28.69 \$29.89 \$17.89 \$54.99 \$94.11	
29365 29405 29425 29435 29440 29440 29505 29515 29520 29530 29540 29580 29580 29581 29584 29584	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg Application Of Long Leg Splint (Thigh To Ankle Or Toes) Application Of Short Leg Splint (Calf To Foot) Strapping; Hip Strapping; Hip Strapping; Ankle And/Or Foot Strapping; Toes Strapping; Toes Strapping, Unna Boot Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot Application Of Vein Wound Compression System Upper Arm, Forearm, Hand, And Fingers Removal Or Bivalving Of Gauntlet, Boot, Or Body Cast	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59 \$83.03 \$72.73 \$37.33 \$28.69 \$29.89 \$17.89 \$54.99 \$94.11 \$80.24	
29365 29405 29425 29435 29440 29445 29450 29505 29515 29520 29530 29540 29580 29580 29581 29584	Application Of Cylinder Cast (Thigh To Ankle) Application Of Short Leg Cast (Below Knee To Toes); Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type Application Of Patellar Tendon Bearing (Ptb) Cast Adding Walker To Previously Applied Cast Application Of Rigid Total Contact Leg Cast Application Of Rigid Total Contact Leg Cast Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg Application Of Long Leg Splint (Thigh To Ankle Or Toes) Application Of Short Leg Splint (Calf To Foot) Strapping; Hip Strapping; Hip Strapping; Ankle And/Or Foot Strapping; Toes Strapping, Unna Boot Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot Application Of Vein Wound Compression System Upper Arm, Forearm, Hand, And Fingers	\$112.60 \$81.82 \$77.56 \$103.32 \$39.48 \$132.25 \$149.59 \$83.03 \$72.73 \$37.33 \$28.69 \$29.89 \$17.89 \$54.99 \$94.11	

Code	Description	Fee	Prior Auth Status
29720	Repair Of Spica, Body Cast, Or Jacket	\$78.21	
29730	Windowing Of Cast	\$42.97	
29740	Wedging Of Cast (Except Clubfoot Casts)	\$89.92	
29750	Wedging Of Clubfoot Cast	\$97.02	
29799	Unlisted Procedure, Casting Or Strapping	Price By Report	
29800	Arthroscopy, Temporomandibular Joint, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	\$486.48	
29804	Arthroscopy, Temporomandibular Joint, Surgical	\$562.23	
29805	Diagnostic Examination Of Shoulder Using An Endoscope	\$431.34	
29806	Incision Of Should Joint Capsule Using An Endoscope	\$1,063.43	
29807	Repair Of Shoulder Socket Cartilage Using An Endoscope	\$1,063.43 \$538.77	
29819	Removal Of Loose Or Foreign Body Of Shoulder Using An Endoscope Partial Removal Of Shoulder Joint Lining Using An Endoscope	*	
29820	Removal Of Entire Shoulder Joint Lining Using An Endoscope	\$492.69	
29821	Limited Removal Of Abnormal Shoulder Joint Tissue Using Endoscope	\$545.64 \$552.52	
29822	Extensive Removal Of Abnormal Shoulder Joint Tissue Using Endoscope	****	
29823		\$603.72	
29824 29825	Partial Removal Of Collar Bone At Shoulder Using An Endoscope Release Or Removal Of Shoulder Scar Tissue Using An Endoscope	\$686.79 \$598.86	
29826	Shaving Of Shoulder Bone Using An Endoscope	\$171.08	
29827	Repair Of Shoulder Rotator Cuff Using An Endoscope	\$1,113.98	
29828	Release Of Shoulder Biceps Tendon Using An Endoscope	\$940.79	
29830	Arthroscopy, Elbow, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	\$420.59	
29834	Arthroscopy, Elbow, Surgical; With Removal Of Loose Body Or Foreign Body	\$452.95	
29835	Arthroscopy, Elbow, Surgical; What Northoval of Ecose Body of Foliagh Body Arthroscopy, Elbow, Surgical; Synovectomy, Partial	\$467.50	
_	Arthroscopy, Elbow, Surgical; Synovectomy, Complete		
29836 29837	Arthroscopy, Elbow, Surgical; Synovectorny, Complete Arthroscopy, Elbow, Surgical; Debridement, Limited	\$537.76 \$540.76	
29837	Arthroscopy, Elbow, Surgical; Debridement, Extensive	\$540.76 \$545.40	
_	Arthroscopy, Eibow, Surgical, Debridement, Extensive Arthroscopy, Wrist, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)		
29840 29843	Diagnostic Examination Of The Wrist Using An Endoscope For Infection, Irrigation, And Drainage	\$417.09 \$447.07	
29843	Arthroscopy, Wrist, Surgical Synovectomy, Partial	\$447.07 \$460.76	
29844	Arthroscopy, Wrist, Surgical Synovectomy, Partial Arthroscopy, Wrist, Surgical Synovectomy, Complete	\$460.76 \$538.93	
29845	Arthroscopy, Wrist, Surgical Syriovectorry, Complete Arthroscopy, Wrist, Surgical Excision Of Triangular Fibrocartilage And/Or Joint Debridement	\$538.93 \$534.30	
29846	Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability	\$534.30 \$498.51	
29848	Endoscopy, Wrist, Surgical micritar tradition of materials of transverse Carpal Ligament	\$511.07	
29040	Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation;	\$311.07	
29850	Without Internal Or External Fixation (Includes Arthroscopy)	\$570.65	
	Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation;	ψο, σ.σσ	
29851	Without Internal Or External Fixation (Includes Arthroscopy) With Internal Or External Fixation (Includes Arthroscopy)	\$990.02	
29855	Treatment Of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On One Side	\$713.02	
29856	Treatment Of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On Both Sides	\$900.43	
29860	Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	\$589.50	
29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	\$740.52	
	Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of		
29862	Labrum	\$830.82	
29863	Arthroscopy, Hip, Surgical; With Synovectomy	\$828.88	
29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft[S])	\$956.82	
29867	Donor Cartilage Graft At Knee Joint Using An Endoscope	\$1,158.51	
29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral	\$1,504.90	
29870	Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	\$379.82	
29871	Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage	\$524.88	
29873	Arthroscopy, Knee, Surgical; With Lateral Release	\$551.97	
29874	Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral Fragmentation)	\$546.24	
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection)	\$546.24 \$506.45	
29876	Arthroscopy, Knee, Surgical, Synovectomy, Major, Two Or More Compartments (Eq., Medial Or Lateral)	\$663.78	
	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)	\$632.00	
29879	Repair Of Knee Joint With Drilling And Or Scraping Of The Joint	\$671.56	
	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of	\$500	
29880	Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed	\$572.80	
	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of		
29881	Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed	\$552.29	
29882	Repair Of Inside Or Outside Knee Joint Cartilage (Meniscus) Using An Endoscope (Arthroscopy)	\$699.44	
29883	Repair Of Inside And Outside Knee Joint Cartilage (Meniscus) Using An Endoscope (Arthroscopy)	\$850.85	
29884	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions With Or Without Manipulation (Separate Procedure)	\$629.08	
29885	Repair Of Knee Joint With Bone Graft Using An Endoscope, With Bone Graft	\$690.43	
29886	Repair Of Knee Joint With Bone Graft Using An Endoscope, Without Bone Graft Atthropopy, Knee Surgical Pulling For Intent Octoorhood; Discooped Legica With Internal Fination	\$581.79	
29887	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation	\$687.58	
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	\$986.96	
29889	Repair Of Posterior Cruciate Ligament Of Knee With Assistance Of An Endoscope	\$1,051.90	
29891	Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect Of Talus And/Or Tibia, Including Drilling Of The Defect Arthroscopically Aided Paper Of Large Octeochondritis Disagraph Losing Tales Dame Exacture, Or Tibia	\$714.68	
20902	Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Talar Dome Fracture, Or Tibial Plafond Fracture, With Or Without Internal Fixation (Includes Arthroscopy)	¢=00.00	
29892 29893	Internal Fixation (includes Αππίσεcopy) Endoscopic Plantar Fasciotomy	\$588.99 \$602.01	
29893	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical With Removal Of Loose Body Or Foreign Body	\$502.01 \$515.59	
29894	Partial Removal Of Ankle Joint Lining Using An Endoscope With Removal Of The Joint Lining	\$479.79	
29895	Arthroscopy, Ankle, Surgical; Debridement, Limited	\$479.79 \$503.81	
29897	Arthroscopy, Ankle, Surgical; Debridement, Extensive	\$574.38	
29898	Arthroscopy, Ankle, Surgical, Debridement, Extensive Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Ankle Arthrodesis	\$925.10	
29899	Arthroscopy, Milke (Tiblodala And Tiblodala Solins), Soligical, With Arthro Arthrodesis Arthroscopy, Metacarpophalangeal Joint, Diagnostic, Includes Synovial Biopsy	\$925.10 \$464.71	
29900	Arthroscopy, Metacarpophalangeal Joint, Diagnostic, includes Synovial Biopsy Arthroscopy, Metacarpophalangeal Joint, Surgical; With Debridement	\$497.48	
29901	Treatment Of Displaced Ligament Of Finger Joint Using An Endoscope	\$497.48 \$526.85	
29902	Arthroscopy, Subtalar Joint, Surgical; With Removal Of Loose Body Or Foreign Body	\$583.34	
29904	Arthroscopy, Subtalar Joint, Surgical, With Synovectomy	\$477.57	
29905	Arthroscopy, Subtalar Joint, Surgical, With Debridement	\$600.13	
29907	Arthroscopy, Subtalar Joint, Surgical, With Subtalar Arthrodesis	\$798.53	
29914	Arthroscopy, Jobalan Solin, Gorgean, With Cobalan Arthroscopy, Hip, Surgical; With Femoroplasty (Ie, Treatment Of Cam Lesion)	\$1,008.30	
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20015	Description	Fee	Prior Auth Status
-0310	Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion)	\$1,035.52	
29916	Arthroscopy, Hip, Surgical; With Labral Repair	\$1,029.43	
29999	Unlisted Procedure, Arthroscopy	\$1,674.19	
30000	Drainage Abscess Or Hematoma, Nasal, Internal Approach	\$261.39	
30020	Drainage Abscess Or Hematoma, Nasal Septum	\$263.80	
	Biopsy, Intranasal	\$137.08	
	Removal Of Polyps In Nose, Simple	\$239.82	
	Removal Of Polyps in Nose, Extensive Or Complex	\$420.47	
	Removal O' Destruction Of Growth In Nose, Internal Approach	\$703.46	
	Removal Or Destruction Of Growth In Nose, External Approach	\$749.73	
	Excision Or Surgical Planing Of Skin Of Nose For Rhinophyma	\$479.00	
	Excision Dermoid Cyst, Nose; Simple, Skin, Subcutaneous	\$287.88	
	Excision Dermoid Cyst, Nose; Complex, Under Bone Or Cartilage	\$623.02	
	Excision Inferior Turbinate, Partial Or Complete, Any Method	\$295.05	
	Removal Of Nasal Air Passage, Under The Lining Tissue	\$312.70	
	Rhinectomy; Partial	\$759.68	
30160	Rhinectomy; Total	\$771.44	
30200	Injection Into Turbinate(S), Therapeutic	\$106.23	
30210	Displacement Therapy (Proetz Type)	\$144.51	
30220	Insertion, Nasal Septal Prosthesis (Button)	\$218.72	
	Removal Foreign Body, Intranasal; Office Type Procedure	\$227.05	
	Removal Foreign Body, Intranasal; Requiring General Anesthesia	\$221.18	
	Removal Foreign Body, Intranasal; By Lateral Rhinotomy	\$467.83	
	Rhinoplasty, Primary Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip	\$1,174.70	
	Reshaping of Bone, Cartilage, or Tip Of Nose	\$1,313.81	
	Rhinoplasty, Primary Including Major Septal Repair	\$1,289.99	
	Rhinoplasty, Secondary Minor Revision (Small Amount Of Nasal Tip Work)	\$1,034.08	
30430	Rhinoplasty, Secondary Infinit Revision (Small Amount Of Nasar Tip Work) Rhinoplasty, Secondary Intermediate Revision (Bony Work With Osteotomies)	\$1,034.08	
	Rhinoplasty, Secondary Major Revision (Nasal Tip Work And Osteotomies)	\$1,275.36 \$1,647.33	
30450	Rhinoplasty, Secondary major Revision (Nasar Tip Work And Osteolornies) Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Palate, Including Columellar Lengthening; Tip Only		
30460		\$753.55	
20400	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Palate, Including Columellar Lengthening; Tip, Septum,	Ø4 400 00	
30462	Osteotomies Pagair Of Nacel Vestibular Stanceic (Eq. Sarcador Grafting Lateral Nacel Wall Reconstruction)	\$1,486.82	
	Repair Of Nasal Vestibular Stenosis (Eg, Spreader Grafting, Lateral Nasal Wall Reconstruction)	\$1,013.43	
30468	Repair Of Collapsed Nostril Using Implant In Side Of Nose		PA Required
	Repair Of Collapsed Nasal Valve	\$2,297.07	
30520	Septoplasty With Or Without Cartilage Implant (Separate Procedure)	\$714.26	
30540	Reconstruction To Create Nasal Passages Through The Nose	\$705.24	
30545	Reconstruction To Create Nasal Passages Through The Palate	\$954.24	
30560	Lysis Intranasal Synechia	\$233.81	
30580	Repair Fistula; Oromaxillary (Combine With 31030 If Antrotomy Is Included)	\$647.24	
30600	Repair Fistula; Oronasal	\$460.56	
30620	Septal Or Other Intranasal Dermatoplasty (Does Not Include Obtaining Graft)	\$650.10	
30630	Repair Nasal Septal Perforations	\$638.39	
	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue	7,000.00	
30801	Volume Reduction); Superficial	\$156.35	
	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue	Ţ	
30802	Volume Reduction); Intramural (le, Submucosal)	\$290.01	
30901	Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery And/Or Packing) Any Method	\$116.13	
30903	Control Nasal Hemorrhage, Anterior, Complex (Extensive Cautery And/Or Packing) Any Method	\$187.43	
	Control Nasal Hemorrhage, Posterior, With Posterior Nasal Packs And/Or Cautery, Any Method; Initial	\$250.33	
30906	Control Nasal Hemorrhage, Posterior, With Posterior Nasal Packs; Initial Subsequent	\$357.62	
30915	Tying Of Artery (Ethmoidal) For Control Of Nose Bleed	\$569.17	
30920	Tying Of Artery (Internal Maxillary) For Control Of Nose Bleed	\$823.84	
	Fracture Nasal Inferior Turbinate(S), Therapeutic		
		\$121.95	
30999	Unlisted Procedure, Nose	Price By Report	
	Irrigation Of Nasal Sinus (Maxillary)	\$175.61	
31002	Irrigation Of Nasal Sinus (Sphenoid)		
		\$135.82	
	Incision Of Nasal (Maxillary) Sinus Through The Nose	\$442.65	
	Create A Window Into The Nasal (Maxillary) Sinus		
		\$442.65	
31030	Create A Window Into The Nasal (Maxillary) Sinus	\$442.65 \$610.21	
31030 31032	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps	\$442.65 \$610.21 \$563.64	
31030 31032 31040	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach	\$442.65 \$610.21 \$563.64 \$762.06	
31030 31032 31040 31050 31051	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93	
31030 31032 31040 31050 31051	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S)	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67	
31030 31032 31040 31050 31051 31070 31075	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70	
31030 31032 31040 31050 31051 31070 31075 31080	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65	
31030 31032 31040 31050 31051 31070 31075 31080 31081	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$777.32 \$1,1034.65 \$1,105.92	
31030 31032 31040 31050 31051 31070 31075 31080 31081 31084	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,105.45 \$1,105.45	
31030 31032 31040 31050 31051 31070 31075 31080 31081 31084 31085	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,143.70 \$1,143.70	
31030 31032 31040 31050 31051 31070 31075 31080 31081 31084 31085 31086	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,105.92 \$1,147.64 \$1,114.33	
31030 31032 31040 31050 31051 31070 31075 31080 31081 31084 31085 31086 31087	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,105.92 \$1,143.70 \$1,177.64 \$1,114.33 \$1,114.33	
31030 31032 31040 31050 31051 31070 31075 31080 31081 31084 31085 31086 31087 31090	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid)	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,105.95 \$1,143.70 \$1,177.64 \$1,177.64 \$1,055.15	
31030 31032 31040 31050 31051 31070 31075 31080 31081 31085 31085 31086 31087 31090 31200	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy; Intranasal, Anterior	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$787.32 \$1,034.65 \$1,105.92 \$1,143.70 \$1,177.64 \$1,114.33 \$1,055.15 \$1,065.15 \$603.13	
31030 31032 31040 31050 31051 31070 31075 31080 31081 31085 31085 31086 31087 31090 31200 31201	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy, Intranasal, Anterior Removal Of Nasal Sinus From Within The Nose Passage	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,105.92 \$1,147.64 \$1,177.64 \$1,114.33 \$1,055.15 \$603.13 \$758.74	
31030 31032 31040 31050 31051 31075 31075 31080 31081 31085 31085 31086 31087 31090 31200 31201 31205	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy, Intranasal, Anterior Removal Of Nasal Sinus From Within The Nose Passage Removal Of Nasal Sinus From Outside The Nose Passage	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,105.92 \$1,143.70 \$1,177.64 \$1,114.33 \$1,055.15 \$1,065.15 \$603.13 \$758.74 \$896.13	
31030 31032 31040 31050 31051 31075 31075 31080 31081 31085 31086 31087 31090 31201 31201 31205 31225	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy; Intranasal, Anterior Removal Of Nasal Sinus From Within The Nose Passage Removal Of Nasal Sinus From Outside The Nose Passage Maxillectomy; Without Orbital Exenteration	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,1034.65 \$1,105.92 \$1,143.70 \$1,177.64 \$1,114.33 \$1,055.15 \$603.13 \$758.74 \$886.13	
31030 31032 31040 31050 31051 31075 31075 31080 31081 31084 31085 31086 31087 31090 31200 31201 31205 31225 31230	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy; Intranasal, Anterior Removal Of Nasal Sinus From Outside The Nose Passage Maxillectomy; With Orbital Exenteration (En Bloc)	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,105.95 \$1,143.70 \$1,177.64 \$1,177.64 \$1,1055.15 \$603.13 \$758.74 \$896.13	
31030 31032 31040 31050 31051 31075 31075 31080 31081 31085 31086 31087 31090 31201 31201 31205 31225	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy; Intranasal, Anterior Removal Of Nasal Sinus From Outside The Nose Passage Removal Of Nasal Sinus From Outside The Nose Passage Maxillectomy; Without Orbital Exenteration Maxillectomy; With Orbital Exenteration (En Bloc) Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure)	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,1034.65 \$1,105.92 \$1,143.70 \$1,177.64 \$1,114.33 \$1,055.15 \$603.13 \$758.74 \$886.13	
31030 31032 31040 31050 31051 31075 31075 31080 31081 31084 31085 31086 31087 31090 31200 31201 31205 31225 31230	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy; Intranasal, Anterior Removal Of Nasal Sinus From Outside The Nose Passage Maxillectomy; With Orbital Exenteration (En Bloc)	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,105.95 \$1,143.70 \$1,177.64 \$1,177.64 \$1,1055.15 \$603.13 \$758.74 \$896.13	
31030 31032 31040 31050 31050 31075 31075 31080 31081 31084 31085 31086 31086 31087 31200 31201 31205 31225 31230 31231 31233	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy; Intranasal, Anterior Removal Of Nasal Sinus From Outside The Nose Passage Removal Of Nasal Sinus From Outside The Nose Passage Maxillectomy; Without Orbital Exenteration Maxillectomy; With Orbital Exenteration (En Bloc) Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure)	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$1,034.65 \$1,105.92 \$1,147.64 \$1,114.33 \$1,055.15 \$1,065.15 \$603.13 \$758.74 \$896.13 \$1,674.97 \$1,860.14 \$1,860.14	
31030 31032 31040 31050 31050 31075 31075 31080 31081 31084 31085 31086 31087 31200 31200 31201 31205 31225 31233	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy, Intranasal, Anterior Removal Of Nasal Sinus From Within The Nose Passage Removal Of Nasal Sinus From Outside The Nose Passage Maxillectomy; With Orbital Exenteration Maxillectomy; With Orbital Exenteration (En Bloc) Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure) Examination Of Nasal Passage And Sinus Above Teeth (Maxillary Sinus) Using Endoscope	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.33.65 \$1,105.92 \$1,143.70 \$1,177.64 \$1,114.33 \$1,055.15 \$603.13 \$788.74 \$960.14 \$1,165.15	
31030 31032 31040 31050 31050 31051 31070 31075 31080 31081 31084 31085 31086 31087 31200 31201 31205 31225 31230 31231 31233 31233 31237	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy; Intranasal, Anterior Removal Of Nasal Sinus From Within The Nose Passage Removal Of Nasal Sinus From Outside The Nose Passage Maxillectomy; With Orbital Exenteration (En Bloc) Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure) Examination Of Nasal Passage And Sinus Above Teeth (Maxillary Sinus) Using Endoscope Examination Of Nasal Passage And Sinus Above Eyes (Sphenoid Sinus) Using Endoscope	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,1034.65 \$1,105.92 \$1,143.70 \$1,177.64 \$1,114.33 \$1,055.15 \$603.13 \$758.74 \$886.14 \$1,674.97 \$1,860.14 \$193.66 \$228.73 \$268.46	
31030 31032 31040 31050 31051 31070 31075 31080 31081 31084 31085 31086 31086 31200 31201 31201 31225 31230 31231 31233 31231 31237 31238	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy; Intranasal, Anterior Removal Of Nasal Sinus From Within The Nose Passage Maxillectomy; With Orbital Exenteration Maxillectomy; With Orbital Exenteration (En Bloc) Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure) Examination Of Nasal Passage And Sinus Above Teeth (Maxillary Sinus) Using Endoscope Nasal/Sinus Endoscopy, Surgical; With Biopsy, Polypectomy Or Debridement (Separate Procedure) Nasal/Sinus Endoscopy, Surgical; With Control Of Nasal Hemorrhage	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,034.65 \$1,105.95 \$1,143.70 \$1,177.64 \$1,114.33 \$1,055.15 \$603.13 \$758.74 \$896.13 \$1,674.97 \$1,860.14 \$193.66 \$262.86 \$298.73 \$288.46 \$195.77	
31030 31032 31040 31050 31050 31051 31070 31075 31080 31081 31084 31085 31086 31087 31200 31201 31205 31225 31230 31231 31233 31233 31237	Create A Window Into The Nasal (Maxillary) Sinus Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps Surgery On Pterygomaxillary Fossa Contents By Transantral Approach Incision Of Nasal (Sphenoid) Sinus Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) Incision Of Nasal (Frontal) Sinus Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) Ethmoidectomy; Intranasal, Anterior Removal Of Nasal Sinus From Within The Nose Passage Maxillectomy; Without Orbital Exenteration Maxillectomy; Without Orbital Exenteration (En Bloc) Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure) Examination Of Nasal Passage And Sinus Above Eyes (Sphenoid Sinus) Using Endoscope Nasal/Sinus Endoscopy, Surgical; With Biopsy, Polypectomy Or Debridement (Separate Procedure)	\$442.65 \$610.21 \$563.64 \$762.06 \$493.93 \$663.67 \$456.70 \$787.32 \$1,1034.65 \$1,105.92 \$1,143.70 \$1,177.64 \$1,114.33 \$1,055.15 \$603.13 \$758.74 \$886.14 \$1,674.97 \$1,860.14 \$193.66 \$228.73 \$268.46	

	Description	Fee	Prior Auth Status
	Complete Examination Of Nose And Sinuses Using An Endoscope	\$508.48	
	Partial Removal Of Nasal Sinus Using An Endoscope	\$464.68	
	Complete Removal Of Nasal Sinus Using An Endoscope	\$326.59	
31256	Incision Of Nasal (Maxillary) Sinus Using An Endoscope	\$181.52	
	Complete Examination Of Nose And Sinuses And Removal Of Nasal Sinus Using An Endoscope Personal Of Tipous Ereas Schools Claus Living An Endoscope	\$453.03	
31259 31267	Removal Of Tissue From Sphenoid Sinus Using An Endoscope Removal Of Nasal Sinus Tissue Using An Endoscope, Maxillary Sinus	\$480.02 \$267.40	
	Exploration Of Nasal Sinus Using An Endoscope	\$380.79	
31276 31287	Incision Of Nasal (Sphenoid) Sinus Using An Endoscope	\$203.25	
	Removal Of Nasal Sinus Tissue Using An Endoscope, Sphenoid Sinus	\$236.12	
	Repair Of Leak Of Brain And Spinal Fluid From Sinus Behind Bridge Of Nose Using Endoscope	\$1,051.12	
31290	Repair Of Leak Of Brain And Spirial Fluid From Sinus Behind Eyes Using Endoscope Repair Of Leak Of Brain And Spirial Fluid From Sinus Behind Eyes Using Endoscope	\$1,103.34	
	Decompression Of Inner Side Or Floor Of Eve Socket Using Endoscope	\$1,026.88	
	Decompression Of Inner Side And Floor Of Eye Socket Using Endoscope	\$990.38	
	Decompression Of Optic Nerve Using Endoscope	\$1,129.98	
	Dilation Of Maxillary Sinus In The Nose Using An Endoscope	\$1,874.80	
	Dilation Of Frontal Sinus In The Nose Using An Endoscope	\$1,900.61	
31297	Dilation Of Sphenoid Sinus In The Nose Using An Endoscope	\$1,674.32	
31298	Dilation Of Sphenoid And Frontal Sinus In The Nose Using An Endoscope	\$3,534.16	PA Required
31299	Unlisted Procedure, Accessory Sinuses	Price By Report	
31300	Removal Of Vocal Cord Growth Or Cartilage Attachment	\$1,173.19	
31360	Removal Of Voice Box, Total	\$1,796.74	
31365	Removal Of Voice Box, Muscle, Lymph Nodes, And Glands, Total, With Neck Dissection	\$2,342.82	
31367	Laryngectomy; Subtotal Supraglottic, Without Radical Neck Dissection	\$2,025.04	
	Removal Of Voice Box And Lymph Nodes In Neck	\$2,238.84	
	Partial Removal Of Voice Box, Horizontal	\$1,906.59	
	Partial Removal Of Voice Box, Laterovertical	\$1,812.30	
	Partial Removal Of Voice Box, Anterovertical	\$1,787.52	
31382	Partial Removal Of Voice Box, Antero-Latero-Vertical Removal Of Voice Box, Threat, Muscle, Lymph Nodes, And Glands	\$1,955.92	
	Removal Of Voice Box, Throat, Muscle, Lymph Nodes, And Glands Removal Of Voice Box And Throat, Muscle, Lymph Nodes, And Glands With Reconstruction Of Defect	\$2,591.89 \$2,726.19	
	Removal Of Voice Box And Throat, Muscle, Lymph Nodes, And Glands With Reconstruction Of Defect Arytenoidectomy Or Arytenoidopexy, External Approach	\$2,726.18 \$953.91	
	Epiglottidectomy or Aryterioloopexy, External Approach	\$953.91 \$775.24	
	Intubation, Endotracheal, Emergency Procedure	\$140.83	
31502	Tracheotomy Tube Change Prior To Establishment Of Fistula Tract	\$35.29	
_	Diagnostic Examination Of Voice Box Using An Endoscope, With A Mirror	\$87.36	
	Biopsy Of Voice Box Using An Endoscope, Indirect	\$204.29	
31511	Removal Of Foreign Body From Voice Box Using An Endoscope, Indirect	\$200.30	
31512	Laryngoscopy, Indirect (Separate Procedure); With Removal Of Lesion	\$204.63	
31513	Laryngoscopy, Indirect (Separate Procedure); With Vocal Cord Injection	\$118.73	
31515	Laryngoscopy Direct; For Aspiration	\$204.29	
31520	Diagnostic Examination Of Voice Box Using An Endoscope, Newborn	\$157.03	
31525	Diagnostic Examination Of Voice Box Using An Endoscope, Directly	\$262.19	
31526	Laryngoscopy Direct, With Or Without Tracheoscopy; Diagnostic, With Operating Microscope Or Telescope	\$158.00	
31527	Laryngoscopy Direct; With Insertion Of Obturator	\$176.47	
31528	Dilation Of The Voice Box Using An Endoscope, Initial	\$144.78	
31529	Dilation Of The Voice Box Using An Endoscope, Subsequent	\$162.26	
31530	Removal Of Foreign Body From Voice Box Using An Endoscope, Direct	\$200.11	
31531	Laryngoscopy, Direct, Operative, With Foreign Body Removal; With Operating Microscope Or Telescope	\$212.46	
	Biopsy Of Voice Box Using An Endoscope, Direct	\$190.13	
_	Laryngoscopy, Direct, Operative, With Biopsy; With Operating Microscope Or Telescope	\$211.73	
	Removal Of Growth Of Tongue And/Or Vocal Cord Stripping Using An Endoscope	\$243.02	
31541	Removal Of Growth Of Tongue And/Or Vocal Cord Stripping Using An Endoscope With Operating Microscope Or Telescope	\$264.61	
	Removal Of Vocal Cord Growths With Local Tissue Flap Using An Endoscope With Operating Microscope Or Telescope	\$363.45	
	Removal Of Vocal Cord Growths With Graft Repair Using An Endoscope With Operating Microscope Or Telescope	\$495.85	
	Repair Of Narrowed Voice Box With Graft In Patient Younger Than 12 Years Of Age	\$1,493.48	
	Repair Of Narrowed Voice Box With Graft In Patient Age 12 Years Or Older	\$1,388.35	
	Repair Of Narrowed Voice Box With Graft And Placement Of Indwelling Stent In Patient Younger Than 12 Years Of Age	\$1,576.81	
31554 31560	Repair Of Narrowed Voice Box With Graft And Placement Of Indwelling Stent In Patient Age 12 Years Or Older Laryngoscopy, Direct, Operative, With Arytenoidectomy;	\$1,577.78 \$282.46	
31561	Laryngoscopy, Direct, Operative, With Arytenoidectomy, Laryngoscopy, Direct, Operative, With Arytenoidectomy; With Operating Microscope Or Telescope	\$343.32	
31561	Laryngoscopy, Direct, Operative, With Aryterioldectorny, With Operating Microscope Of Telescope Laryngoscopy, Direct, With Injection Into Vocal Cord(S), Therapeutic;	\$343.32 \$356.76	
31570	Laryngoscopy, Direct, With Injection Into Vocal Cord(S), Therapeutic; Laryngoscopy, Direct, With Injection Into Vocal Cord(S), Therapeutic; With Operating Microscope Or Telescope	\$250.29	
31571	Destruction Of Abnormality Of One Side Of Voice Box Using A Flexible Endoscope	\$250.29 \$513.94	
31573	Injection Of Drug Into One Side Of Voice Box Using A Flexible Endoscope	\$280.30	
31574	Injection Of Substance To Augment Voice Box Using A Flexible Endoscope	\$946.35	
	Diagnostic Examination Of Voice Box Using Flexible Endoscope	\$132.53	
	Biopsy Of Voice Box Using A Flexible Endoscope	\$197.18	
31577	Benoval Of Foreign Body From Voice Box Using A Flexible Endoscope	\$262.86	
	Removal Of Growth From Voice Box Using A Flexible Endoscope	\$292.70	
	Examination To Assess Movement Of Vocal Cord Flaps Using An Endoscope	\$191.79	
31580	Repair Of Congenital Vocal Cord Defect	\$1,213.55	
31584	Incision Of Voice Box To Repair Thyroid Cartilage Fracture	\$1,331.46	
31587	Repair Of Split In The Voice Box Cartilage	\$1,130.97	
31590	Laryngeal Reinnervation By Neuromuscular Pedicle	\$881.52	
31591	Repair Of One Side Of Voice Box By Moving Vocal Cord To Middle	\$1,032.20	
31592	Excision Of Part Of Windpipe And Cricoid Cartilage	\$1,609.69	
31599	Unlisted Procedure, Larynx	Price By Report	
31600	Tracheostomy, Planned (Separate Procedure);	\$302.84	
31601	Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years	\$398.67	
	Tracheostomy, Emergency Procedure; Transtracheal	\$317.88	
31605	Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Engestration Procedure With Skin Flags	\$325.30	
31610	Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoscophageal Figure And Subsequent Insertion Of An Alaphageal Speech Prosthesis (Fg. Voice Button, Blom-Singer	\$845.38	
31611	Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis)	\$505.88	
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Code 31612	Description Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin	Fee \$88.68	Prior Auth Status
31613	Revision Of Permanent Opening of Windpipe For Breathing, Without A Flap of Tissue	\$375.75	
31614	Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue	\$669.24	
31615	Tracheoscopy Through Established Tracheostomy Incision	\$181.57	
	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed		
31622	(Separate Procedure)	\$262.61	
31623	Bronchoscopy; With Brushing Or Protected Brushings	\$297.47	
31624	Bronchoscopy; With Bronchial Alveolar Lavage	\$273.61	
31625	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Sites	\$278.75	
31626	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple	\$792.58	
	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List		
31627	Separately In Addition To Code For Primary Procedure[S])	\$1,258.91	
31628	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Single Lobe	\$404.32	
31629	Needle Biopsy Of Windpipe Cartilage, Airway, And/Or Lung Using An Endoscope	\$327.71	
31630	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Tracheal/Bronchial Dilation Or Closed Reduction Of Fracture	\$200.18	
	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Placement Of Tracheal Stent(S) (Includes Tracheal/ Bronchial	* * * * * * * * * * * * * * * * * * * *	
31631	Dilation As Required)	\$205.07	
l	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Each Additional Lobe (List		
31632	Separately In Addition To Code For Primary Procedure) Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Needle Aspiration Biopsy(S), Each Additional	\$67.63	
31633	Lobe (List Separately In Addition To Code For Primary Procedure)	\$83.87	
01000	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Balloon Occlusion, With Assessment Of Air Leak,	ψ00.07	
31634	With Administration Of Occlusive Substance (Eg, Fibrin Glue), If Performed	\$1,577.76	
31635	Bronchoscopy; With Removal Of Foreign Body	\$311.46	
0405	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Placement Of Bronchial Stent(S) (Includes Tracheal/ Bronchial	*	
31636	Dilation As Required), Initial Bronchus Bronchessony, Bigid Or Elevible, With Or Without Electroscopic Guidance: Each Additional Major Bronchus Stantad (List Separately In Additional	\$198.48	
31637	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; Each Additional Major Bronchus Stented (List Separately In Addition To Code For Primary Procedure)	\$70.59	
31037	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Revision Of Tracheal Or Bronchial Stent Inserted At Previous	φ10.39	
31638	Session (Includes Tracheal/Bronchial Dilation As Required)	\$225.02	
31640	Bronchoscopy; With Excision Of Tumor	\$252.30	
l	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Destruction Of Tumor Or Relief Of Stenosis By Any		
31641	Method Other Than Excision (Eg. Laser Therapy, Cryotherapy)	\$258.63	
31643	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Catheter(S) For Intracavitary Radioelement Application	\$161.25	
31645	Aspiration Of Lung Secretions From Lung Airways Using An Endoscope, Initial	\$261.77	
31646	Aspiration Of Lung Secretions From Lung Airways Using An Endoscope, Subsequent	\$144.50	
31647	Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valves In Lung Airways Using An Endoscope, Initial	\$188.86	
31648	Removal Of Bronchial Valves In Lung Airways Using An Endoscope, Initial	\$180.69	
31649	Removal Of Bronchial Valves In Lung Airways Using An Endoscope, Subsequent	\$61.75	
31651	Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valves In Lung Airways Using An Endoscope, Additional Lobe	\$69.60	
31652	Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound, 1 Or 2 Lymph Nodes Involved	\$999.11	
31653	Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound, 3 Or More Lymph Nodes Involved Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound	\$1,061.17 \$118.27	
31654 31660	Thermal Repair Of Lung Airways Using An Endoscope, 1 Lobe	\$118.27 \$180.45	
31661	Thermal Repair Of Lung Airways Using An Endoscope, 2 Or More Lobes	\$189.82	
31717	Catheterization With Bronchial Brush Biopsy	\$285.79	
31720	Catheter Aspiration (Separate Procedure); Nasotracheal	\$54.77	
31725	Catheter Aspiration (Separate Procedure); Tracheobronchial With Fiberscope, Bedside	\$73.30	
31730	Insertion Into Windpipe Of Needle Wire, Dilator, Stent, Or Tube For Oxygen Delivery	\$1,092.21	
31750	Tracheoplasty; Cervical	\$1,199.78	
31755	Tracheoplasty; Tracheopharyngeal Fistulization, Each Stage Tracheoplasty; Intrathoracic	\$1,645.09	
	Carinal Reconstruction	\$1,204.42 \$1,545.62	
	Barnia reconstruction	\$1,157.11	
31775	Bronchoplasty; Excision Stenosis And Anastomosis	\$1,219.92	
31780	Removal Of Narrowed Area Of Windpipe In Neck With Suture Repair	\$1,069.48	
31781	Removal Of Narrowed Area Of Windpipe In Neck And Chest With Suture Repair	\$1,313.61	
31785	Excision Of Tracheal Tumor Or Carcinoma; Cervical	\$976.74	
31786	Removal Of Windpipe Cartilage Growth, Open Chest Procedure	\$1,257.19	
31800	Suture Of Injury To Windpipe In Neck	\$671.15	
31805	Suture Of Injury To Windpipe In Chest Surgical Closure Tracheostomy Or Fistula; Without Plastic Repair	\$720.78	
31820 31825	Surgical Closure Tracheostomy Or Fistula; Without Plastic Repair Surgical Closure Tracheostomy Or Fistula; With Plastic Repair	\$421.21 \$575.94	
31825	Revision Of Tracheostomy Scar	\$575.94 \$470.83	
31899	Unlisted Procedure, Trachea, Bronchi	Price By Report	
32035	Thoracostomy; With Rib Resection For Empyema	\$653.07	
32036	Thoracostomy; With Open Flap Drainage For Empyema	\$703.00	
32096	Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral	\$700.20	
32097	Thoracotomy, With Diagnostic Bioppy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral	\$701.62	
32098	Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy: With Exploration	\$665.54	
32100 32110	Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear	\$789.38 \$993.31	
32110	Thoracotomy; For Postoperative Complications	\$816.51	
32124	Thoracotomy; With Open Intrapleural Pneumonolysis	\$813.96	
32140	Thoracotomy, With Cyst(S) Removal, Includes Pleural Procedure When Performed	\$868.60	
32141	Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed	\$1,324.41	
32150	Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit	\$976.91	
32151	Thoracotomy; With Removal Of Intrapulmonary Foreign Body	\$978.96	
32160	Thoracotomy; With Cardiac Massage	\$779.85	
32200	Drainage Of Infected Lung Material Or Cyst, Open Procedure	\$1,002.04	
32215	Pleural Scarification For Repeat Pneumothorax	\$703.51 \$1,434.00	
	Decortication, Pulmonary, (Separate Procedure); Total		

Code	Description	Fee	Prior Auth Status
32225	Decortication, Pulmonary, (Separate Procedure); Partial	\$973.26	
32310	Pleurectomy, Parietal (Separate Procedure)	\$808.50	
32320	Decortication And Parietal Pleurectomy	\$1,406.07	
32400	Needle Biopsy Of Lining Of Lung, Accessed Through The Skin	\$125.45	
32408	Core Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy;	\$907.08	
32440	Removal Of Lung, Prieumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve	\$1,372.38	
32442	Nemovar Of Lung, Friedmonectomy, with Resection of Segment Of Hadriea Followed by Brondino-Hadriea Atlastoniosis (Sieeve Pneumonectomy)	\$2,642.83	
32445	Removal Of Lung, Pneumonectomy; Extrapleural	\$3,062.19	
32480	Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy)	\$1,458.70	
32482	Removal Of Lung, Other Than Pneumonectomy; 2 Lobes (Bilobectomy)	\$1,436.70	
32484	Removal Of Lung, Other Than Pneumonectomy, 2 Lobes (bindercomy) Removal Of Lung, Other Than Pneumonectomy, Single Segment (Segmentectomy)	\$1,389.59	
32404	Removal Of Lung, Other Than Pneumonectomy, With Circumferential Resection Of Segment Of Bronchus Followed By Broncho-Bronchial	φ1,303.33	
32486	Anastomosis (Sleeve Lobectomy)	\$2,028.53	
02.00	Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion	ψ2,020.00	
32488	Pneumonectomy)	\$2,076.94	
32491	Volume Reduction, Sternal Split Or Transthoracic Approach, Includes Any Pleural Procedure, When Performed	\$1,288.00	
	Resection And Repair Of Portion Of Bronchus (Bronchoplasty) When Performed At Time Of Lobectomy Or Segmentectomy (List Separately In	, , , , , , , , , , , , , , , , , , , ,	
32501	Addition To Code For Primary Procedure)	\$208.71	
	Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall Resection, Rib(S) Resection(S), Neurovascular Dissection,		
32503	When Performed; Without Chest Wall Reconstruction(S)	\$1,563.07	
	Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall Resection, Rib(S) Resection(S), Neurovascular Dissection,		
32504	When Performed; With Chest Wall Reconstruction	\$1,777.89	
32505	Thoracotomy; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial	\$907.48	
32506	Opening In Chest With Partial Removal Of Lung Tissue, Additional Resection	\$149.70	
1	Thoracotomy; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary		
32507	Procedure)	\$134.73	
32540	Extrapleural Enucleation Of Empyema (Empyemectomy);	\$1,507.22	
32550	Insertion Of Indwelling Tunneled Pleural Catheter With Cuff	\$812.07	
32551	Removal Of Fluid From Between Lung And Chest Cavity, Open Procedure	\$154.47	
32552	Removal Of Indwelling Tunneled Pleural Catheter With Cuff	\$195.07	
32553	Insertion Of Devices In Chest Cavity For Radiation Therapy Guidance, Accessed Through The Skin	\$502.79	
32554	Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; Without Imaging Guidance	\$257.24	
32555	Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; With Imaging Guidance	\$346.27	
32556	Removal Of Fluid From Chest Cavity With Insertion Of Indwelling Catheter, Accessed Through The Skin	\$705.79	
32557	Removal Of Fluid From Chest Cavity With Insertion Of Indwelling Catheter And Imaging Guidance, Accessed Through The Skin	\$738.50	
32560	Instillation, Via Chest Tube/Catheter, Agent For Pleurodesis (Eg, Talc For Recurrent Or Persistent Pneumothorax)	\$273.63	
32601	Diagnostic Examination Of Lungs, Heart Sac, Mid-Chest Cavity, Or Lung Lining Using An Endoscope	\$297.51	
32604	Thoracoscopy, Diagnostic (Separate Procedure); Pericardial Sac, With Biopsy	\$414.62	
32606	Thoracoscopy, Diagnostic (Separate Procedure); Mediastinal Space, With Biopsy	\$400.30	
32607	Thoracoscopy; With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral	\$267.44	
32608	Thoracoscopy; With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral	\$364.65	
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32609	Thoracoscopy; With Biopsy(les) Of Pleura	\$224.77	
32609 32650	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical)	\$655.05	
32609 32650 32651	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication	\$655.05 \$1,064.82	
32609 32650 32651 32652	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis	\$655.05 \$1,064.82 \$1,449.75	
32609 32650 32651 32652 32653	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit	\$655.05 \$1,064.82 \$1,449.75 \$976.91	
32609 32650 32651 32652 32653 32654	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31	
32609 32650 32651 32652 32653 32654 32655	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93	
32609 32650 32651 32652 32653 32654 32655 32656	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92	
32609 32650 32651 32652 32653 32654 32655 32656 32658	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55	
32609 32650 32651 32652 32653 32654 32655 32656 32658 32658	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67	
32609 32650 32651 32652 32653 32654 32655 32656 32658 32659 32661	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15	
32609 32650 32651 32652 32653 32654 32655 32656 32658 32658 32659 32661 32662	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15	
32609 32650 32651 32652 32653 32654 32655 32656 32658 32659 32661 32662 32663	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Lobectomy (Single Lobe)	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$637.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45	
32609 32650 32651 32652 32653 32654 32655 32656 32658 32659 32661 32662 32663 32664	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Pilcation Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Location Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Location Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Location Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Thoracic Sympathectomy	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55	
32609 32650 32651 32652 32653 32654 32655 32656 32656 32658 32659 32661 32662 32663 32664 32664	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Lobectomy (Single Lobe) Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type)	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95	
32609 32650 32651 32652 32653 32654 32656 32656 32658 32661 32662 32663 32663 32664 32665 32665 32665	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type) Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95	
32609 32650 32651 32652 32653 32654 32656 32656 32656 32661 32662 32663 32664 32664 32665 32665 32664 32665	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Lobectomy (Single Lobe) Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type) Thoracoscopy, Surgical; With Thoracic Sympathectomy	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$7715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95 \$848.12	
32609 32650 32651 32652 32653 32654 32656 32656 32658 32659 32661 32662 32663 32664 32664 32666 32666 32666 32666	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Pilcation Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Loeatomy (Single Lobe) Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95 \$848.12 \$135.18	
32609 32650 32651 32652 32653 32654 32655 32656 32658 32659 32661 32662 32663 32664 32665 32666 32666 32666 32666 32666 32666	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Lobectomy (Single Lobe) Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type) Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy)	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95 \$848.12 \$135.06 \$135.06	
32609 32650 32651 32652 32653 32654 32655 32656 32656 32661 32662 32663 32663 32666 32666 32666 32667 32668 32668 32669 32668	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Excision Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Lobectomy (Single Lobe) Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy) Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy)	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95 \$848.12 \$135.06 \$11,70.10	
32609 32650 32651 32652 32653 32654 32655 32656 32658 32659 32661 32662 32663 32664 32665 32666 32666 32666 32666 32666 32666	Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Excision Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy) Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy) Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy)	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95 \$848.12 \$135.06 \$135.06	
32609 32650 32651 32652 32653 32654 32655 32656 32656 32661 32662 32663 32663 32666 32666 32666 32667 32668 32668 32669 32669	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Excision Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Lobectomy (Single Lobe) Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy) Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy)	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95 \$848.12 \$135.06 \$11,70.10	
32609 32650 32651 32652 32653 32654 32655 32656 32658 32656 32662 32662 32664 32665 32666 32666 32667 32667 32667	Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Parietal Pleurectomy Thoracoscopy, Surgical; With Excision Of Pericardial Window Or Partial Resection Of Pericardial Sac Thoracoscopy, Surgical; With Excision Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Loetcomy (Single Lobe) Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Thoracic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy) Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy)	\$655.05 \$1,064.82 \$1,449.75 \$976.91 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95 \$848.12 \$135.18 \$135.18 \$135.18	
32609 32650 32651 32652 32653 32654 32655 32656 32656 32661 32662 32664 32663 32664 32665 32668 32669 32670 32671	Thoracoscopy, Surgical; With Partial Pulmonary Decortication Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac Thoracoscopy, Surgical; With Excision Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass Thoracoscopy, Surgical; With Lobectomy (Single Lobe) Thoracoscopy, Surgical; With Thoracic Sympathectomy Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type) Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy) Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy) Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy)	\$655.05 \$1,064.82 \$1,449.75 \$993.31 \$837.93 \$706.92 \$698.55 \$715.67 \$701.15 \$870.45 \$1,218.83 \$743.55 \$1,073.95 \$848.12 \$135.06 \$135.18 \$1,170.10 \$1,396.06 \$1,539.32	
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Code 32960	Description Pneumothorax, Therapeutic, Intrapleural Injection Of Air	Fee \$119.42	Prior Auth Status
32994	Destruction Of Growths In One Lung, Accessed Through The Skin With Imaging Using Extreme Cold To Destroy Tissues	\$5,003.05	
32997	Total Lung Lavage (Unilateral)	\$313.44	
32998	Destruction Of Growths In One Lung, Accessed Through The Skin Using Radiofrequency To Destroy Tissues	\$3,153.49	
32999	Unlisted Procedure, Lungs And Pleura	Price By Report	
33016	Drainage Of Heart Sac	\$232.53	
	Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Fluoroscopy And/Or Ultrasound Guidance Imaging		
33017	Guidance, In Patient 6 Years Or Older Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Fluoroscopy And/Or Ultrasound Guidance Imaging	\$214.97	
33018	Guidance, In Patient 5 Years Or Older Or Any Age With Congenital Heart Defect	\$251.83	
33019	Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Imaging Guidance, Using Ct Imaging Guidance	\$193.55	
33020	Pericardiotomy For Removal Of Clot Or Foreign Body (Primary Procedure)	\$725.12	
33025	Creation Of Pericardial Window Or Partial Resection For Drainage	\$748.61	
33030	Pericardiectomy, Subtotal Or Complete Without Cardiopulmonary Bypass	\$1,739.78	
33031	Pericardiectomy, Subtotal Or Complete With Cardiopulmonary Bypass	\$2,147.34	
33050 33120	Resection Of Pericardial Cyst Or Tumor Excision Of Intracardiac Tumor, Resection With Cardiopulmonary Bypass	\$881.72 \$1,814.04	
	Resection Of External Cardiac Tumor	\$1,192.70	
33140	Transmyocardial Laser Revascularization, By Thoracotomy (Separate Procedure)	\$1,353.70	
	Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The Time Of Other Open Cardiac Procedure(S) (List Separately In		
33141	Addition To Code For Primary Procedure)	\$113.42	
33202	Insertion Of Electrodes To Outer Layer Of Heart, Open Procedure	\$750.08	
33203	Insertion Of Epicardial Electrode(S); Endoscopic Approach (Eg, Thoracoscopy, Pericardioscopy)	\$706.13	
33206	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Atrial	\$406.47	
33207	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Ventricular	\$472.17	
33208	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Atrial And Ventricular	\$511.99	
33210	Placement Of Temporary Pacemaker Leads, Single Chamber Placement Of Temporary Pacemaker Leads, Dual Chamber	\$157.77 \$149.55	
33211	Insertion Of Pacemaker Pulse Generator Only; With Existing Single Lead	\$148.55 \$319.85	
33212 33213	Insertion of Pacemaker Pulse Generator Only; With Existing Dual Leads	\$333.81	
33213	Upgrade Of Implanted Pacemaker System, Conversion Of Single Chamber System To Dual Chamber System (Includes Removal Of Previously	ψ333.01	
33214	Placed Pulse Generator, Testing Of Existing Lead, Insertion Of New Lead, Insertion Of New Pulse Generator)	\$427.32	
33215	Repositioning Of Implanted Pacemaker Or Defibrillator Device	\$306.63	
33216	Insertion Of Electrode For Permanent Pacemaker Or Pacing Defibrillator Device	\$333.17	
33217	Insertion Of Electrodes For Permanent Pacemaker Or Pacing Defibrillator Device	\$330.11	
	Repair Of Electrode For Permanent Pacemaker Or Defibrillator Device	\$348.99	
33220	Repair Of 2 Electrodes For Permanent Pacemaker Or Defibrillator Device Insertion Of Pacemaker Pulse Generator Only; With Existing Multiple Leads	\$336.15 \$322.80	
33221 33222	Relocation Of Pacemaker Generator Skin Pocket	\$343.08	
33223	Nelocation of Paternake Device Skin Pocket	\$366.59	
33224	Insertion Of Left Heart Electrode With Attachment To Pacemaker Or Pacing Defibrillator Device	\$451.90	
33225	Insertion Of Left Heart Electrode For Pacing Defibrillator Device	\$454.68	
	Repositioning Of Previously Implanted Cardiac Venous System (Left Ventricular) Electrode (Including Removal, Insertion And/Or Replacement	,	
33226	Of Existing Generator)	\$432.58	
33227	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Single Lead System	\$303.37	
33228	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Dual Lead System	\$352.25	
33229	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Multiple Lead System	\$335.25	
33230	Insertion Of Pacing Defibrillator Pulse Generator With Existing Dual Leads Insertion Of Pacing Defibrillator Pulse Generator With Existing Multiple Leads	\$342.80	
33231 33233	Removal Of Permanent Pacemaker Pulse Generator Only	\$356.34 \$234.49	
33234	Removal Of Transvenous Pacemaker Electrode(S); Single Lead System, Atrial Or Ventricular	\$432.57	
33235	Removal Of Transvenous Pacemaker Electrode(S); Dual Lead System	\$568.85	
33236	Removal Of Permanent Right Heart Electrodes And Pacemaker, Single Lead System	\$691.79	
33237	Removal Of Permanent Right Heart Electrodes And Pacemaker, Dual Lead System	\$741.18	
33238	Removal Of Permanent Transvenous Electrode(S) By Thoracotomy	\$836.52	
	Insertion Of Pacing Defibrillator Pulse Generator With Existing Single Lead	\$326.45	
33241	Removal Of Defibrillator Pulse Generator	\$208.47	
33243	Removal Of Defibrillator Electrodes Through Incision Of Chest	\$1,203.22	
33244	Removal Of Defibrillator Electrodes Through Vein Insertion Or Replacement Of Single Or Dual Chamber Pacing Defibrillator Leads	\$740.44	
33249	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg, Wolff-Parkinson-White, Atrioventricular Node Re-Entry),	\$904.07	
33250	Tract(S) And/Or Focus (Foci); Without Cardiopulmonary Bypass	\$1,269.62	
	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg, Wolff-Parkinson-White, A-V Node Re-Entry), Tract(S) And/Or	¥.,200.02	
33251	Focus (Foci) With Cardiopulmonary Bypass	\$1,416.15	
33254	Operative Tissue Ablation And Reconstruction Of Atria, Limited (Eg, Modified Maze Procedure)	\$1,189.40	
33255	Operative Tissue Ablation And Reconstruction Of Atria, Extensive (Eg, Maze Procedure); Without Cardiopulmonary Bypass	\$1,417.00	
33256	Partial Destruction And Reconstruction Of Upper Heart Chamber, Extensive, On Heart-Lung Machine	\$1,676.72	
33257	Destruction And Reconstruction Of Right Upper Heart, Limited	\$567.72	
33258	Destruction And Reconstruction Of Right Upper Heart, Extensive	\$569.74	
33259	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Time Of Other Cardiac Procedure(S), Extensive (Eg, Maze Procedure), With Cardiopulmonary Bypass (List Separately In Addition To Code For Primary Procedure)	\$742.73	
33261	Operative Ablation Of Ventricular Arrhythmogenic Focus With Cardiopulmonary Bypass	\$1,403.58	
33262	Removal And Replacement of Defibrillator Pulse Generator, Single Wire (Lead)	\$371.05	
33263	Removal And Replacement Of Defibrillator Pulse Generator, Two Wires (Leads)	\$385.38	
33264	Removal And Replacement Of Defibrillator Pulse Generator, Multiple Wires (Leads)	\$361.04	
33265	Reconstruction Of Upper Heart Chamber Tissue And Alteration Of Electrical Pathway Using An Endoscope, Limited	\$1,288.00	
33266	Reconstruction Of Upper Heart Chamber Tissue And Alteration Of Electrical Pathway Using An Endoscope, Extensive	\$1,601.33	
33267	Exclusion Of Appendage Of Left Upper Chamber Of Heart	\$853.20	
33268	Exclusion Of Appendage Of Left Upper Chamber Of Heart Performed During Other Procedure On Chest	\$105.64	
33269	Exclusion Of Appendage Of Left Upper Chamber Of Heart Using An Endoscope	\$676.13	
33270	Insertion Or Replacement Of Defibrillator With Electrode Insertion Of Defibrillator Electrode	\$556.74 \$400.10	
33271 33272	Removal Of Defibrillator Electrode	\$400.19 \$309.82	
33272	Repositioning Of Previously Implanted Defibrillator Electrode	\$353.65	
33274	Insertion Or Replacement of Permanent Leadless Pacemaker Into Lower Right Chamber Of Heart Via Catheter Using Imaging Guidance	\$475.45	
33275	Removal Of Permanent Leadless Pacemaker From Lower Right Chamber Of Heart Via Catheter Using Imaging Guidance	\$442.71	

\$2,255 Security Comment Of New Properties (New Properties Visited				
	Code	Description	Fee	Prior Auth Status
Signature Comment Co	33285	Insertion Of Heart Rhythm Monitor Under Skin	\$3,283.10	
Signature Comment Co	33286	Removal Of Heart Rhythm Monitor From Under Skin	\$136.92	
Signate of Cardian Wouth, Window Disposes Signatory Control Wouth, Window Disposes Signatory Control Wouth, Window Disposes Signatory Control Window Disp				
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Station (Principle Content of Principle Content of				
33355 Same Reproductor, And Removal OF Integrit Or Union Food Chemistre On Hartin Lang Machine \$1,470.28				
33331 Suzue Regard Of Acta Or Conter Viscosis: With Dispases \$1,00.07 To Content Viscosis: With Dispases with Contemporation by Spases \$1,00.07 To Content Viscosis: With Dispases with Contemporation by Spases \$1,00.07 To Content Viscosis: With Dispases with Contemporation by Spases \$1,00.07 To Content Viscosis: With Dispases with Contemporation by Spases \$1,00.07 To Content Viscosis: With Dispases with Contemporation by Spases \$1,00.07 To Content Viscosis: With Dispases with Contemporation by Spases with				
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33322 Rigitationnet Of Active View Will Proteints View, Open Procedure Trough Februari Allany 3352 Rigitationnet Of Active View Will Proteints View, Open Procedure Trough Industry Array 3352 Rigitationnet Of Active View Will Proteints View, Open Procedure Trough Industry 3352 Rigitationnet Of Active View Will Proteints View View Procedure Trough Industry 3352 Rigitationnet Of Active View View View Procedure Trough Industry 3352 Rigitationnet Of Calebrate In Proteints View Trough Industry 3352 Rigitationnet Trough Industry 3352 Rigitationnet Trough Industry 3352 Rigitationnet Rigitation View View Procedure Trough Industry 3352 Rigitationnet Rigitation View View Procedure Trough Industry 3352 Rigitationnet View Procedure Trough Industry 33530 Protein View Procedure Comment (Fuer Province View Procedure Trough View Procedure Trough Industry 33530 Protein View Procedure Industry 33530 Protein View View View Procedure Industry 33530 Protein View View View View View View View View	33340		\$687.45	
SISSES Registerations Of Active Valve Will Proceedings Trough Statisty Asserting Registeration of Active Valve Will Proceedings Trough Active Active Village Village Valve Village Vil	33361		\$1,165.85	
Sasses Registerant Of Xnote Valve Will Protected Valve Through Parts (Carbon Special Control Valve Ville) (Carbon Special Valve Vill	33362	Replacement Of Aortic Valve With Prosthetic Valve, Open Procedure Through Femoral Artery	\$1,143.03	
States of Particular Control of Active Visit Proceeds Carletone by Approach Triscogin Acta 3 States Control of Carletone in Previous States Visit Province Visits Previous Eventure (Eg. 47) Proceeds Previous (E	33363	Replacement Of Aortic Valve With Prosthetic Valve, Open Procedure Through Axillary Artery	\$1,184.77	
Sassen Transcanteder Andris Valve Reposcerent (Tart Tell With Proprietor Valve Transpaced Exposure Eq. Let Therocorpory) Inspired Confered to Proprietor Andris Valve Sassen Transcanted Confered Proprietor Transcanted Exposure Conference Con	33364	Replacement Of Aortic Valve With Prosthetic Valve, Open Procedure Through Iliac Artery	\$1,181.11	
intention Of Carbeters in Perspheral Bood Vessels Accessed Through Six Pro Freat-Lung Machine Support Of Replacement Of Acric Valve With Tempth Centre Valve Through Charles 1 (Carbeters in Perspheral Bood Vessels Cupen Procedure, For Heart-Lung Machine Support Of Replacement Of Acric Valve With Tempther Valve Through Charles In Centre Bood Vessels For Heart-Lung Machine Support Of Replacement Of Acric Valve With Tempther Valve Through Charles In Centre Bood Vessels For Heart-Lung Machine Support Of Replacement Of Acric Valve With Proathers Valve Through Charles In Centre Bood Vessels For Heart-Lung Machine Support Of Replacement Of Acric Valve With Proathers Valve Through Charles In Centre Bood Vessels For Heart-Lung Machine Support Of Replacement Of Acric Valve Using Support Of Replacement Of Acric Valve Using Artificate Valve Of Heart-Lung Machine Support Of Replacement Of Acric Valve Using Artificate Valve On Heart-Lung Machine Copen Procedure \$2,385.00 (Application of Acric Valve Using Artificate Valve On Heart-Lung Machine, Open Procedure \$2,385.00 (Application Of Acric Valve Using Artificate Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Valve Of Acric Valve Of Acric Valve Of Acric Valve Of Acric Valve Valve Of Acric Valve O	33365	Replacement Of Aortic Valve With Prosthetic Valve Through Catheter By Approach Through Aorta	\$1,237.18	
intention Of Carbeters in Perspheral Bood Vessels Accessed Through Six Pro Freat-Lung Machine Support Of Replacement Of Acric Valve With Tempth Centre Valve Through Charles 1 (Carbeters in Perspheral Bood Vessels Cupen Procedure, For Heart-Lung Machine Support Of Replacement Of Acric Valve With Tempther Valve Through Charles In Centre Bood Vessels For Heart-Lung Machine Support Of Replacement Of Acric Valve With Tempther Valve Through Charles In Centre Bood Vessels For Heart-Lung Machine Support Of Replacement Of Acric Valve With Proathers Valve Through Charles In Centre Bood Vessels For Heart-Lung Machine Support Of Replacement Of Acric Valve With Proathers Valve Through Charles In Centre Bood Vessels For Heart-Lung Machine Support Of Replacement Of Acric Valve Using Support Of Replacement Of Acric Valve Using Artificate Valve Of Heart-Lung Machine Support Of Replacement Of Acric Valve Using Artificate Valve On Heart-Lung Machine Copen Procedure \$2,385.00 (Application of Acric Valve Using Artificate Valve On Heart-Lung Machine, Open Procedure \$2,385.00 (Application Of Acric Valve Using Artificate Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Valve Using Yearne Valve On Heart-Lung Machine, Open Procedure \$2,491.52 (Application Of Acric Valve Valve Of Acric Valve Of Acric Valve Of Acric Valve Of Acric Valve Valve Of Acric Valve O		Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Transapical Exposure (Eg, Left Thoracotomy)		
Secretary Secr				
screens of Cambreton Projectorial Blood Vessels For Procedure, For Heart Lung Machine Support Of Replacement of Actine Valve With Possible Valve Septim Procedure, For Heart Lung Machine Support Of Replacement Of Actine Valve With Possible Valve Septim Procedure Septim Procedure Support Of Replacement Of Actine Valve Vita Procedure Septim Procedure Support Of Replacement Of Actine Valve Vita Procedure Septim Procedure Support Of Replacement Of Actine Valve Vita Procedure Septim	33367		\$527.11	
Sasset Procedure Valve Trough Carbeter Insention Of Carbeter in Central Blood Vessels For Heart-Lung Machine Support Of Replacement Of Actic Valve With Prosthetic Valve Sasset Procedure Carbeter in Central Blood Vessels For Heart-Lung Machine Sasset Procedure Carbeter in Central Structure Carbeter Carbete			*******	
Insention Of Carlatesis in Central Blood Vessels For Heart-Lung Machine Support Of Replacement Of Antic Valve With Prosthetic Valve 3804 20 33070 Pincement And Support Of Device To Protection 1 1980	33368		\$638.78	
33309 Discovered In Adultscheeperd Removal OI Device To Protect Brain From Ertholism Through Catheter Using Imaging Guidance \$10,86 () 33309 Spring Regist Of Analit Valve By Open Procedure Or Heart-Lung Machine \$1,86 () 33300 Spring Regist Of Analit Valve By Open Procedure Or Heart-Lung Machine \$1,86 () 33300 Spring Regist Of Analit Valve By Open Procedure Or Heart-Lung Machine \$1,86 () 33300 Spring Regist Of Analit Valve By Open Procedure Or Heart-Lung Machine \$1,86 () 33401 Spring Regist Of Analit Valve Or Heart-Lung Machine \$2,90 () 33401 Spring Regist Of Analit Valve Or Heart-Lung Machine \$2,90 () 33401 Spring Regist Of Analit Valve Or Heart-Lung Machine \$2,90 () 33410 Spring Regist Of Analit Valve Or Heart-Lung Machine \$2,90 () 33411 Spring Register Of Analit Valve Or Heart-Lung Machine \$2,90 () 34412 Spring Register Of Anality Or Ana	00000		φοσο σ	
Sample Repeat of Annic Valve By Open Procedure of New York Complex Repeated Power of Process Parish From Embolism Through Cathedru Ling Imaging Guidance \$1,981.43 \$	33360		\$842 00	
33393 Simple Repair Of Andrit Valve By Open Procedure On Heart-Lung Machine \$1,981.43 33104 Construction Of Apona Andrew Conductor \$2,312.26 33104 Construction Of Apona Andrew Conductor \$1,522.26 33105 Construction Of Apona Andrew Conductor \$1,522.26 33106 Construction Of Apona Andrew Conductor \$1,522.26 33107 Construction Of Apona Andrew Conductor \$1,522.26 33108 Construction Of Apona Andrew Conductor \$2,000.21 33110 Replacement, Antric Valve Using Tissue Window Conductor \$2,000.21 33111 Replacement, Antric Valve, Will Transventroicular Antric Annual Engineering (Yorno Procedure) \$2,200.21 3312 Replacement, Antric Valve, Will Transventroicular Antric Annual Engineering (Yorno Procedure) \$2,373.36 3312 Replacement, Andrew Valve, Will Transventroicular Annual Engineering (Yorno Procedure) \$2,373.36 3313 Replacement, Andrew Valve, Will Transventroicular Engineering (Yorno Procedure) \$2,383.36 3314 Replacement, Andrew Valve, Will Transventroicular Engineering Valve, William (Yorno Procedure) \$1,883.66 3316 Replacement, Of Infear Valve Valve, Will Procedure (Yorno Procedure)				
33391 Construction of Apeal-Annic Valve By Open Procedure On Heart-Lung Machine 33305 Applicament Of Annic Valve Buy Artificial Valve On Heart-Lung Machine, Open Procedure 33406 Replacement Of Annic Valve Using Artificial Valve On Heart-Lung Machine, Open Procedure 33407 Replacement Of Annic Valve Using Artificial Valve On Heart-Lung Machine, Open Procedure 33408 Replacement Of Annic Valve Using Artificial Valve On Heart-Lung Machine, Open Procedure 33409 Replacement Of Annic Valve Using Artificial Valve On Heart-Lung Machine, Open Procedure 33401 Replacement, Acric Valve, Will Annic Annic Service Valve,				
33,000 Configuration Of Aprical Andre Conduit 31,002 66				
33435 Replacement Of Antic Valve Using Human Danor Over Near-Lung Mechine, Open Procedure \$2,189.50 33460 Replacement Of Antic Valve Using Tissue Valve On Heart-Lung Machine, Open Procedure \$2,202.21 33410 Replacement Of Antic Valve Using Tissue Valve On Heart-Lung Machine, Open Procedure \$2,202.21 33411 Replacement Of Antic Valve, Using Tissue Valve On Heart-Lung Machine, Open Procedure \$2,202.21 33412 Replacement Antic Valve, With Transverticular Actic Antic Valve, Using Transverticular Actic Valve, Using Transverticular Actic Valve Valve Valve Valve Viva Prosthetic Valve Accessed Through The Skin Indian \$3,158.91 33416 Replacement CM Maria Valve Viva Prosthetic Valve Accessed Through The Skin Indian \$1,158.01 \$1,158.01 33417 Antrologist Viva Valve Viva Prosthetic Valve Accessed Through The Skin Indian \$1,158.01 \$1,159.01 33418 Replacement CM Maria Valve Viva Prosthetic Valve Accessed Through Through Viva Viva Viva Viva Viva Viva Viva Viva				
33,406 Replacement of Antic Valve Using Human Drunor Valve On Heart-Lung Machine, Open Procedure \$2,401,52		·		
33410 Replacement Of Antic Valve Using Tissue Valve On Heart-Lung Machine, Open Procedure \$2,202.11				
33411 Replacement, Aorito Valve, With Aorito Annulus Enlargement, Noncorrorany Sirus 32412 Replacement, Aorito Valve, With Transventiculus Mort Annulus Enlargement (Or Pulmonary Valve (Ross 3418 Replacement, Aorito Valve, By Transboacion Of Autologous Pulmonary Valve With Adoptal Replacement Of Pulmonary Valve (Ross 3418 Replacement, Aorito Valve, By Transboacion Of Autologous Pulmonary Valve With Adoptal Replacement Of Pulmonary Valve (Ross 3418 Replacement, Aorito Valve, By Transboacion Of Autologous Pulmonary Valve With Trans 3419 Replacement Of Interior Of Subvalvalval Tossor & Top Doctrine Subvalvalval Aorit. Genosis 3419 Replacement Of Interior Valve Programment (Programment Of Pulmonary Valve (Ross 3419 Replacement Of Martin Valve With Prostrate Valve Accessed Through The Siru. Intell 3419 Replacement Of Martin Valve With Prostrate Valve Accessed Through The Siru. Intell 3420 Removal Of Valve Scar Tissue Of Subvalvalval Replacement (Programment Of Martin Valve With Prostrate Valve Accessed Through The Siru. Intell 3430 Removal Of Valve Scar Tissue Of Subvalvalval Replacement (Programment Of Martin Valve With Prostrate Valve Accessed Through The Siru. Intell 3430 Removal Of Valve Scar Tissue Of Subvalvalval Replacement (Programment Of Martin Valve With Prostrate Valve Accessed Through The Siru. Intell 3430 Valveloplasty, Milliar Valve, With Cardiopulmonary Bypass 3430 Valveloplasty, Milliar Valve, With Cardiopulmonary Bypass 3430 Valveloplasty, Milliar Valve, With Cardiopulmonary Bypass 3430 Valveloplasty, Trinsuppid Valve, With Cardiopulmonary Bypass 3430 Valveloplasty, Trinsuppid Valve, With Cardiopulmonary Bypass 34310 Valveloplasty, Trinsuppid Valve, With Cardiopulmonary Bypass 34310 Valveloplasty, Trinsuppid Valve, With Cardiopulmonary Bypass 34311 Projection Of Valve Scar Cardiopulmonary Valve, Replacement Of Pulmonary Valve, With Cardiopulmonary Bypass 34310 Valveloplasty,	33406			
Salt 2 Seplacement, Acric Valve; Win Transvertericular Acric Annuals Enlargement (Korno Procedure) Replacement, Acric Valve; Parinsolocation of Natioologous Pulmonary Valve With Adopting Replacement of Pulmonary Valve (Ross Procedure) Salt 3 Replacement, Acric Valve; Parinsolocation of National Valve With Adopting Replacement of Pulmonary Valve (Ross Procedure) Salt Replacement, Orl Individual Cultiflow Tract Obstruction By Patch Enlargement Of The Outflow Tract Salt Replacement of United States of National Valve Val	33410			
Salta Procedure April C valve By Translocation Of Autologous Pulmonary Valve With Alograft Replacement Of Pulmonary Valve (Ross Salta Repeat Of Left Ventriouler Outflow Tract Obstruction By Patch Enlargement Of The Outflow Tract Salta Repeat Of Left Ventriouler Conflow of Tract Obstruction By Patch Enlargement Of The Outflow Tract Salta Repeat Of Conflow Of Traction Of Stowardural Tissue For Discrete Subvalvular Acris Sterosis Salta Repeat Of Conflow Of Traction Of Stowardural Tissue For Discrete Subvalvular Acris Sterosis Salta Repeat Of Traction Of Stowardural Tissue For Discrete Subvalvular Acris Sterosis Salta Repeat Of Traction Of Stowardural Tissue For Discrete Subvalvular Acris Sterosis Salta Repeat Of Traction Of Stowardural Tissue For Discrete Subvalvular Acris Sterosis Salta Repeat Of Traction Of Stowardural Acris Salta Replacement Of Mark Valve With Protestict Valve Accessed Through The Skin, Initial Salta Replacement Of Mark Valve With Protestict Valve Accessed Through The Skin, Initial Salta Replacement Of Mark Valve With Protestict Valve Accessed Through The Skin, Initial Salta Replacement Of Mark Valve With Protestict Valve Accessed Through The Skin, Initial Salta Replacement Of Mark Valve With Cardiopulmonary Bytess Salta Salta Replacement Of Scar Tissue Of Valve Between Left Heart Chardes Accessed Through The Skin, Initial Salta Replacement Of Scar Tissue Of Valve Between Left Heart Chardes Replacement Of Scar Tissue Of Valve With Cardiopulmonary Bytess Salta Salta Replacement Of Acris Valve Replacement Of Acris Valve With Cardiopulmonary Bytess Salta Salta Replacement Of Acris Valve With Cardiopulmonary Bytess Salta Salta Valve Valve With Cardiopulmonary Bytess Salta Salta Valve	33411			
3.3418 Repair Of Left Ventroular Outflow Tract Obstruction By Patch Enlargement Of The Outflow Tract \$2,598.86	33412	Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement (Konno Procedure)	\$2,373.96	
33416 Reselición Or Incisión Of Sturbulard Tisus en For Discrete Sulvavalurd Aroit Stenosis S. 1,836,66 33416 Reselición Or Incisión Of Sturbulard Tisus en For Discrete Sulvavalurd Aroit Stenosis (S. Asymmetric Septal Hypertrophy) \$1,788,12 33416 Reselición Or Incisión Of Sturbulard Tisus en For Discrete Sulvavalurd Aroit Stenosis (S. Asymmetric Septal Hypertrophy) \$1,788,12 33417 Androplasty (Guesel) For Supravalural Stenosis (S. Asymmetric Septal Hypertrophy) \$1,788,12 33418 Replacement Of Miral Valve With Prostabetic Valve Accessed Through The Skin, Initial \$1,598,46 33420 Removal Of Scar Tisus of Valve Bacterea Charles (Aroit Procedure \$1,265,13 33421 Removal Of Valve Scar Tissus between Left Heart Charles of Heart Long Machine, Open Procedure \$1,265,13 33422 Removal Of Valve Scar Tissus Between Left Heart Charles of Heart Long Machine, Open Procedure \$1,265,13 33423 Valvicoplasty, Miral Valve, With Cardiopulmonary Bypass Asymmetric Office (Control Procedure) \$1,265,13 33424 Valvicoplasty, Miral Valve, With Cardiopulmonary Bypass Replacement Office (Control Procedure) \$2,265, 37 33429 Valvicoplasty, Miral Valve, With Cardiopulmonary Bypass Replacement Office (Control Procedure) \$2,265, 37 33430 Valvicoplasty, Titosuph Valve, With Cardiopulmonary Bypass Replacement Office (Control Procedure) \$2,276, 37 33440 Valvicoplasty, Titosuph Valve, With Cardiopulmonary Bypass Replacement Office (Control Procedure) \$2,276, 38 33450 Valvicoplasty, Titosuph Valve, With Cardiopulmonary Bypass Replacement Office (Control Procedure) \$3,267, 38 33461 Valvicoplasty, Titosuph Valve, With Cardiopulmonary Bypass Procedure) \$3,267, 39 33462 Valvicoplasty, Titosuph Valve, With Cardiopulmonary Bypass Procedure) \$3,267, 30 33463 Valvicoplasty, Titosuph Valve, With Cardiopulmonary Bypass Procedure) \$3,267, 30 33463 Valvicoplasty, Titosuph Valve, With Cardiopulmonary Bypass Procedure) \$3,165, 50 33465 Valvicoplasty, Titosuph Valve, With Cardiopulmonary Bypass Procedure (Control Procedure) \$3,165, 51		Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft Replacement Of Pulmonary Valve (Ross		
Seaction Or Incision Of Subvalvular Tassue For Discrete Subvalvular Aortic Stenosis (S.A.)	33413	Procedure)	\$2,529.85	
National Content of Part Colombio Content of Part Colombio Celenosis (Eg. Asymmetric Septal Hypertrophy) \$1,788,12	33414	Repair Of Left Ventricular Outflow Tract Obstruction By Patch Enlargement Of The Outflow Tract	\$1,859.19	
National Content of Part Colombio Content of Part Colombio Celenosis (Eg. Asymmetric Septal Hypertrophy) \$1,788,12	33415	Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic Stenosis	\$1.836.66	
33417 Antoplasty (Gussel) For Supravaluular Stenosis \$1,453.04				
Sepalement Of Miral Valve With Prosthetic Valve Accessed Through The Skin, Initial Sepalement Of Miral Valve With Prosthetic Valve Accessed Through The Skin, Additional Prosthesis(Es) Sign 75				
33491 Replacement Of Miral Valve With Prosthetic Valve Accessed Through The Skin, Additional Procedure \$1,265.15 33402 Removal Of Scar Tissue Detween Left Heart Chambers Cocked Heart Procedure \$1,449.76 33422 Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure \$1,449.78 33426 Valvoloplasty, Miral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring \$2,388.37 33427 Valvoloplasty, Miral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring \$2,714.01 33430 Replacement, Miral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Cardiopulmonary Bypass Radical Reconstruction With Procedure \$2,797.80 33440 Outflow Track From Left Lower Chamber Of Heart \$2,972.62 33440 Outflow Track From Left Lower Chamber Of Heart \$2,979.13 33460 Valvoloplasty, Tiroupid Valve, With Cardiopulmonary Bypass Sacked Valvoloplasty, Tiroupid Valve, With Cardiopulmonary Bypass Sacked Valvoloplasty, Tiroupid Valve, With Cardiopulmonary Bypass Sacked Valvoloplasty, Tiroupid Valve, With Cardiopulmonary Sacked Valvoloplasty, Tiroupid Valvoloplasty, Tiroupid Valvoloplasty, Tiroupid Valvoloplasty, Tiroupid Valvoloplasty, Tirou				
Sanctive State Service State				
Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure				
33426 Vakuloplasty, Mirral Vakue, With Cardiopulmonary Bypass With Prosthetic Ring \$2,057.53 33427 Vakuloplasty, Mirral Vakue, With Cardiopulmonary Bypass With Prosthetic Ring \$2,057.53 33428 Vakuloplasty, Mirral Vakue, With Cardiopulmonary Bypass Radical Reconstruction With O' Without Ring \$2,2119.47 33440 Vakuloplasty, Mirral Vakue, With Cardiopulmonary Bypass \$2,748.03 33440 Vakuloplasty, Mirral Vakue, With Cardiopulmonary Bypass \$2,748.03 33440 Vakuloplasty, Triouspid Vakue By Translocation Of Pulmonary Vakue, Replacement Of Pulmonary Vakue With Conduit, And Enlargement Of Sept. 20,791.33 33460 Vakuloplasty, Triouspid Vakue, With Cardiopulmonary Bypass \$2,079.13 33461 Vakuloplasty, Triouspid Vakue, With Cardiopulmonary Bypass \$2,079.13 33461 Vakuloplasty, Triouspid Vakue, With Cardiopulmonary Bypass \$2,387.36 33468 Replacement, Triouspid Vakue, With Cardiopulmonary Bypass \$2,387.36 33469 Replacement, Triouspid Vakue, With Cardiopulmonary Bypass \$2,387.36 33471 Incision Of Vakue Between Lower Right Heart Chamber And Main Lung Artery, Closed Heart Procedure, Approached Through Main Lung Artery \$1,156.51 33472 Northor Vakue Between Lower Right Heart Chamber And Main Lung Artery, Closed Heart Procedure, Approached Through Main Lung Artery \$1,156.51 33473 Replacement, Pulmonary Vakue \$1,156.51 33474 Incision Of Vakue At Right Lower Heart Chamber And Main Lung Artery Closed Heart Procedure, Approached Through Main Lung Artery \$1,156.51 33475 Right Vatur Replacement, Pulmonary Vakue \$1,156.51 33476 Right Vatur Replacement, Pulmonary Vakue \$1,156.51 33477 Right Vatur Replacement, Pulmonary Vakue \$1,156.51 33478 Right Vatur Replacement, Pulmonary Vakue \$1,156.51 33478 Right Vatur Replacement, Pulmonary Artery Oright With Cardiopulmonary Bypass \$1,360.10 33480 Replacement, Pulmonary Artery Oright With Development Pulmonary Artery Oright With Spass \$1,360.50 33481 Replacement, Pulmonary Artery Oright With Development Pulmonary Artery Oright With Spass \$1,360.50 33480 Replace				
32402 Valvuloplasty, Miral Valve, With Cardiopulmonary Bypass With Prosthetic Ring \$2,067.53				
33427 Vahuloplasty, Miral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring \$2,119.47				
Replacement. Mirral Valve, With Cardiopulmonary Bypass \$2,748.03				
Replacement of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of \$2,972.82 (2014). 33460 Valvectomy. Tricuspid Valve, With Cardiopulmonary Bypass (2017). 33461 Valvelopisty, Tricuspid Valve, With Cardiopulmonary Bypass (2017). 33463 Valvelopisty, Tricuspid Valve. With Ring Insertion (2014). 33465 Replacement, Tricuspid Valve, With Ring Insertion (2014). 33466 Replacement, Tricuspid Valve, With Ring Insertion (2014). 33467 Valvelopisty, Tricuspid Valve, With Ring Insertion (2014). 33468 Replacement, Tricuspid Valve, With Cardiopulmonary Bypass (2014). 33469 Tricuspid Valve Repositioning And Pilication For Ebstein Anomaly (2014). 33471 Incision Of Valve At Right Lower Heart Chamber And Main Lung Artery, Closed Heart Procedure, Approached Through Main Lung Artery (2014). 33472 Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure (2014). 33473 Replacement, Pulmonary Valve (2014). 33473 Replacement, Pulmonary Valve (2014). 33474 Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure (2014). 33475 Replacement, Pulmonary Valve (2014). 33476 Replacement, Pulmonary Valve (2014). 33477 Ingilantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin (2014). 33478 Replacement, Pulmonary Valve (2014). 33479 Ingilantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin (2014). 33479 Ingilantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin (2014). 33470 Ingilantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin (2014). 33471 Ingilantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin (2014). 33472 Replacement, Pulmonary Valve (Pulmonary) To Lungs, Accessed Through The Skin (2014). 33473 Pulmonary Antery (Pulmonary) To Lungs, Accessed Through The Skin (2014). 33474 Ingilantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin (2014). 33475 Replacement, Pulmonary Antery From Pulmonar	33427			
Outflow Tract From Left Lower Chamber Of Heart \$2,972.82	33430		\$2,748.03	
3460 Valvectormy, Tricuspid Valve, With Cardiopulmonary Bypass \$2,079.13		Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of		
33463 Valvuloplasty, Tricuspid Valve; With fing Insertion \$1,967.20	33440	Outflow Tract From Left Lower Chamber Of Heart	\$2,972.82	
Native N	33460	Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass	\$2,079.13	
Sacrage Sacr	33463	Valvuloplasty, Tricuspid Valve; Without Ring Insertion	\$1,967.20	
Sacrage	33464	Valvuloplasty, Tricuspid Valve; With Ring Insertion	\$1,915.28	
1 incision Of Valve Repositioning And Plication For Ebstein Anomaly 1 incision Of Valve Between Lower Right Heart Chamber And Main Lung Artery, Closed Heart Procedure, Approached Through Main Lung Artery 1 incision Of Valve Between Lower Right Heart Chamber And Main Lung Artery, Closed Heart Procedure 2 5,199.070 33476 Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure 2 5,2017.89 33476 Replacement, Pulmonary Valve 2 5,2017.89 33476 Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy 3 1,328.81 33477 Inplantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin 3 1,306.89 33478 Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection 3 1,371.96 33498 Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) 3 5,126.05.5 3 5,200 3 5,200 3 5,200 3 6,200	33465	Replacement, Tricuspid Valve, With Cardiopulmonary Bypass		
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Incision of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure \$1,890.70			+- ,	
Incision of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure \$1,890.70	33471	Incision Of Valve Between Lower Right Heart Chamber And Main Lung Artery. Closed Heart Procedure. Approached Through Main Lung Artery	\$1.156.51	
33475 Replacement, Pulmonary Valve \$2,017.89 33476 Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy \$1,328.81 33477 Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin \$1,306.89 33478 Outflow Tract Augmentation (Gussel), With Or Without Commissurotomy Or Infundibular Resection \$1,371.96 33496 Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardio-pulmonary Bypass (Separate Procedure) \$1,450.55 33500 Repair Of Coronary Arteriovenous Or Atteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass \$1,360.10 33501 Repair Of Coronary Arteriovenous Or Atteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass \$976.05 33502 Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligation \$1,118.03 33502 Repair Of Anomalous Coronary Artery; Graft, With Bypass \$1,162.25 33504 Anomalous Coronary Artery; Graft, With Bypass \$1,280.52 33507 Repair Of Anomalous Coronary Artery; With Construction Of Intrapulmonary Artery Tunnel (Takeuchi Procedure) \$1,780.15 33507 Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery By Unroofing Or Translocation \$1,775.19 33507				
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Anastomosis, Cavopulmonary, Second Superior Vena Cava (List Separately In Addition To Primary Procedure) \$357.75 33770 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, Without Surgical Enlargement Defect \$1,829.72 33771 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, With Surgical Enlargement Defect \$1,879.82 33774 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, With Surgical Enlargement Defect \$1,879.82 33775 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Band Removal \$1,612.92 33776 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Defect Closure \$1,705.87 33777 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair \$1,642.80 33778 Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (Eg., Jatene Type) \$2,263.72 33780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal \$2,007.74 33781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure \$2,045.64 33781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium \$2,785.90 33782 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12	33767 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To Both Lungs		
Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, Without Surgical Enlargement Defect \$1,829.72 33771 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, With Surgical Enlargement Defect \$1,879.82 33774 Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg, Mustard Or Senning Type) With Cardiopulmonary Bypass \$1,567.64 33775 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Band Removal \$1,612.92 33776 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Defect Closure \$1,705.87 33777 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair \$1,642.80 33778 Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (Eg, Jatene Type) \$2,263.72 33780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal \$2,007.74 33780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure \$2,045.64 33781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium Reimplantation \$2,785.90 33783 Relocation Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow \$2,190.21			
Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, With Surgical Enlargement Defect \$1,879.82 33774 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Band Removal \$1,567.64 \$33775 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Band Removal \$1,612.92 \$33776 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Defect Closure \$1,705.87 \$33777 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair \$1,642.80 \$33778 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, With Band Removal \$2,263.72 \$33779 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal \$2,007.74 \$3380 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure \$2,045.64 \$3781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair \$1,995.32 Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium \$2,785.90 \$3783 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$2,190.21			
Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg, Mustard Or Senning Type) With Cardiopulmonary Bypass \$1,567.64 33775 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Band Removal \$1,612.92 33776 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Defect Closure \$1,705.87 33777 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair \$1,642.80 33778 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair \$2,263.72 33779 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal \$2,007.74 33780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure \$2,045.64 33781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair Aortic Root Transposition With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium \$2,785.90 \$3782 Repoair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow \$2,785.90 \$3783 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12			
Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Band Removal \$1,612.92 33776 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Defect Closure \$1,705.87 33777 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Defect Closure \$1,612.92 \$2,705.87 \$33778 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair \$2,263.72 \$33778 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal \$2,007.74 \$3780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure \$2,007.74 \$3781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair \$1,995.32 \$2,045.64 \$3781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair \$2,785.90 \$3782 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12 \$3786 Total Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow \$2,190.21			
Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Defect Closure \$1,705.87 33777 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair \$1,642.80 33778 Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (Eg, Jatene Type) \$2,263.72 \$2,007.74 \$33780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal \$2,007.74 \$3780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure \$2,045.64 \$3781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium \$2,785.90 \$33782 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12 \$2,190.21			
33777 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair \$1,642.80 33778 Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (Eg, Jatene Type) \$2,263.72 33779 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal \$2,007.74 33780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure \$2,045.64 33781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium \$2,785.90 33782 Reipocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12 33786 Total Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow \$2,190.21			
S2,785.90 S2,263.72 Sepair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (Eg, Jatene Type) \$2,263.72 S2,007.74 S2,007			
33779 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal 33780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure 33781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium 33782 Reinplantation 33783 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation 33786 Total Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow \$2,190.21			
Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure \$2,045.64 33781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair \$1,995.32 Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium \$2,785.90 33782 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12 33786 Total Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow \$2,190.21			
Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair \$1,995.32		\$2,007.74	
Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium \$2,785.90 \$3783 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12 \$2,190.21	33780 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure	\$2,045.64	
Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium \$2,785.90 \$3783 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12 \$2,190.21	33781 Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair	\$1,995.32	
33782 Reimplantation \$2,785.90 33783 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12 33786 Total Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow \$2,190.21		. ,	
33783 Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation \$3,009.12 33786 Total Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow \$2,190.21		\$2.785.90	
33786 Total Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow \$2,190.21			

Code	Description	Fee	Prior Auth Status
33803	Division Of Aberrant Vessel (Vascular Ring); With Reanastomosis	\$1,116.11	
33813	Obliteration Of Aortopulmonary Septal Defect Without Cardiopulmonary Bypass	\$1,084.94	
33814	Obliteration Of Aortopulmonary Septal Defect With Cardiopulmonary Bypass	\$1,330.12	
33820	Repair Of Patent Ductus Arteriosus; By Ligation	\$939.09	
33822 33824	Repair Of Congenital Heart Defect From Pulmonary (Lung) Artery To Aorta, Patient Younger Than 18 Years Repair Of Congenital Heart Defect From Pulmonary (Lung) Artery To Aorta, Patient 18 Years And Older	\$746.01 \$1,033.48	
33840	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus; With Direct Anastomosis	\$1,033.46	
33845	Excision Of Coarctation of Aorta, With Or Without Associated Patent Ductus Arteriosus; With Graft	\$1,167.31	
000-10	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus Repair Using Either Left Subclavian Artery Or	ψ1,107.01	
33851	Prosthetic Material As Gusset For Enlargement	\$1,236.46	
33852	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosthetic Material; Without Cardiopulmonary Bypass	\$1,221.65	
33853	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosthetic Material; With Cardiopulmonary Bypass	\$1,772.69	
33858	Repair Of Ascending Aorta With Graft On Heart-Lung Machine, For Separation Of Wall Of Aorta (Dissection)	\$2,935.41	
33859	Repair Of Ascending Aorta With Graft On Heart-Lung Machine, For Disease Other Than Separation Of Wall Of Aorta (Dissection)	\$2,383.45	
33863	Placement Of Graft To Ascending Aorta On Heart-Lung Machine, With Replacement Of Root Of Aorta And Reconstruction Of Heart	\$3,022.19	
33864	Placement Of Graft To Ascending Aorta On Heart-Lung Machine, With Remodeling Of Root Of Aorta And Reconstruction Of Heart	\$3,090.94	
33866	Graft To Half Of Aortic Artery Arch	\$881.31	
33871	Repair Of Transverse Arch Of Aorta With Graft On Heart-Lung Machine	\$2,815.49	
33875	Descending Thoracic Aorta Graft, With Or Without Bypass	\$2,355.19	
33877	Repair Of Thoracoabdominal Aortic Aneurysm With Graft, With Or Without Cardiopulmonary Bypass	\$3,107.58	
33880	Repair Of Descending Aorta In Chest With Initial Prosthesis Inserted Through Artery	\$1,539.51	
33881	Repair Of Descending Aorta In Chest Including Origin Of Left Subclavian Artery With Initial Prosthesis Inserted Through Catheter	\$1,320.41	
33883	Repair Of Defect Of Aorta In Chest, Initial Extension	\$959.97	
33884	Repair Of Defect Of Aorta In Chest, Additional Extension	\$334.15	
33886	Insertion Of Extension Prosthesis After Previous Repair Of Descending Aorta In Chest	\$829.46	
33889	Incision On One Side Of Neck To Transfer Chest Artery To Neck Artery Plus Endovascular Procedure To Repair Chest Aorta, Open Procedure	\$677.48	
1	Bypass Graft, With Other Than Vein, Transcervical Retropharyngeal Carotid-Carotid, Performed In Conjunction With Endovascular Repair Of	<u> </u>	
33891	Descending Thoracic Aorta, By Neck Incision	\$814.79	
33894	Repair Of Aorta By Insertion Of Stent Across Major Side Branches	\$793.06	
33895	Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches	\$631.03	
33897	Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel	\$469.31	
33900	Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body	\$479.66	
33901	Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body	\$630.55	
33902	Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body	\$608.92	
33903	Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body	\$717.75	
33904	Placement Of Additional Stent In Pulmonary Artery	\$240.76	
33910	Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass	\$2,279.91	
33915	Pulmonary Artery Embolectomy; Without Bypass	\$1,198.66	
33916	Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass	\$3,610.07	
33917	Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft	\$1,414.65	
	Repair Of Pulmonary Atresia With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To		
33920	Pulmonary Artery	\$1,571.58	
33922	Transection Of Pulmonary Artery With Cardiopulmonary Bypass	\$1,213.01	
	Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List		
33034	Separately In Addition To Code For Primary Procedure)		
33924		\$272.43	
33925	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass	\$1,652.15	
	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass		
33925	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart	\$1,652.15 \$2,303.44	PA Required
33925 33926 33927 33928	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report	
33925 33926 33927	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart	\$1,652.15 \$2,303.44 \$2,190.84	
33925 33926 33927 33928 33929	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report	
33925 33926 33927 33928 33929 33933	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report	PA Required
33925 33926 33927 33928 33929 33933 33935	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report Price By Report \$4,270.68	
33925 33926 33927 33928 33929 33933	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation)	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report	PA Required
33925 33926 33927 33928 33929 33933 33935 33940	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report Price By Report \$4,270.68 Price By Report	PA Required
33925 33926 33927 33928 33929 33933 33935 33940	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report	PA Required PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33944 33945	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardiectomy	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report Price By Report \$4,270.68 Price By Report Price By Report \$4,677.89	PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33944 33945 33946	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardiectomy Initiation Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report Price By Report \$4,270.68 Price By Report Price By Report \$4,677.89 \$300.28	PA Required PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33944 33945 33946 33947	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardiectomy Initiation Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Initiation Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report Price By Report \$4,270.68 Price By Report Price By Report \$4,677.89 \$300.28 \$331.36	PA Required PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33944 33945 33946 33947 33948	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardiectomy Initiation Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump	\$1,652.15 \$2,303.44 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report \$4,677.89 \$300.28 \$331.36 \$235.36	PA Required PA Required
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33925 33926 33927 33928 33929 33933 33935 33940 33945 33946 33947 33948 33952 33951 33952 33955 33956 33956 33957 33958	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardioctomy Initiation Of External Vein To Verib Blood Circulation In Heart And Lungs Using A Pump Initiation Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tub	\$1,652.15 \$2,303.44 \$2,190.84 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report \$4,270.68 Price By Report \$4,677.89 \$300.28 \$331.36 \$235.36 \$227.72 \$405.62 \$430.15 \$453.10 \$480.02 \$792.18 \$719.39 \$159.19	PA Required PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33944 33945 33949 33951 33952 33953 33956 33956 33957	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Office Artificial Heart Removal Office Artificial Heart Removal Of	\$1,652.15 \$2,303.44 \$2,190.84 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report \$4,270.68 Price By Report \$4,677.89 \$300.28 \$331.36 \$225.36 \$227.72 \$405.62 \$430.15 \$453.10 \$480.02 \$792.18 \$719.39 \$1159.19	PA Required PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33944 33945 33948 33949 33951 33952 33953 33956 33956 33957 33958	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Repair Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardiectomy Initiation Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Repositioning Of Tube Accessed Through The Skin For External	\$1,652.15 \$2,303.44 \$2,190.84 \$2,190.84 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report \$4,677.89 \$300.28 \$331.36 \$227.72 \$405.62 \$430.15 \$4453.10 \$480.02 \$719.39 \$1159.19 \$176.88 \$201.81 \$201.81 \$201.81	PA Required PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33945 33946 33947 33948 33952 33951 33952 33955 33956 33956 33957 33958	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Replacement Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardiectomy Initiation Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Repositioning Of Tube A	\$1,652.15 \$2,303.44 \$2,190.84 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report \$4,270.68 Price By Report \$4,677.89 \$300.28 \$331.36 \$235.36 \$227.72 \$405.62 \$430.15 \$453.10 \$480.02 \$792.18 \$719.39 \$159.19	PA Required PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33945 33946 33947 33948 33949 33951 33955 33955 33956 33956 33956 33956	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Replacement Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Preumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardiectomy Initiation Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Initiation Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age	\$1,652.15 \$2,303.44 \$2,190.84 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report \$4,270.68 Price By Report \$4,677.89 \$300.28 \$331.36 \$235.36 \$227.72 \$405.62 \$430.15 \$453.10 \$480.02 \$792.18 \$719.39 \$159.19 \$176.88 \$201.81 \$201.81 \$447.38	PA Required PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33944 33945 33948 33949 33951 33952 33953 33956 33956 33957 33958	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Replacement Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardiectomy Initiation Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Repositioning Of Tube A	\$1,652.15 \$2,303.44 \$2,190.84 \$2,190.84 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report \$4,677.89 \$300.28 \$331.36 \$227.72 \$405.62 \$430.15 \$4453.10 \$480.02 \$719.39 \$1159.19 \$176.88 \$201.81 \$201.81 \$201.81	PA Required PA Required
33925 33926 33927 33928 33929 33933 33935 33940 33944 33945 33946 33947 33948 33952 33955 33956 33956 33956 33956 33956 33956 33956 33958	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Replacement Of Artificial Heart Replacement Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Sott Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart Transplant, With Or Without Recipient Cardiectomy Initiation Of External Vena To Vein Blood Circulation In Heart And Lungs Using A Pump Initiation of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Repositioning Of Tube Acce	\$1,652.15 \$2,303.44 \$2,190.84 \$2,190.84 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report \$4,677.89 \$300.28 \$331.36 \$235.36 \$227.72 \$405.62 \$430.15 \$453.10 \$480.02 \$719.39 \$176.88 \$201.81 \$201.81 \$201.81 \$447.38	PA Required PA Required
33925 33926 33927 33928 33929 33933 33940 33944 33945 33946 33947 33948 33955 33955 33956 33955 33956 33956 33956 33957	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Replacement Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Preumonectomy Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Donor Cardiectomy (Including Cold Preservation) Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart Transplant, With Or Without Recipient Cardiectomy Initiation Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Initiation Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age	\$1,652.15 \$2,303.44 \$2,190.84 \$2,190.84 Price By Report Price By Report \$4,270.68 Price By Report \$4,270.68 Price By Report \$4,677.89 \$300.28 \$331.36 \$235.36 \$227.72 \$405.62 \$430.15 \$453.10 \$480.02 \$792.18 \$719.39 \$159.19 \$176.88 \$201.81 \$201.81 \$447.38	PA Required PA Required

Code	Description	Fee	Prior Auth Status
33968	Removal Of Blood Flow Assist Device In Aorta, Accessed Through The Skin	\$32.40	
	Control of The Construction of the Constructio		
33969	Removal Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age	\$260.89	
33970	Removal Of Blood Flow Assist Device In Aorta, Open Procedure	\$306.57	
33971	Removal Of Intra-Aortic Balloon Assist Device Including Repair Of Femoral Artery, With Or Without Graft	\$620.98	
33973	Insertion Of Intra-Aortic Balloon Assist Device Through The Ascending Aorta	\$432.37	
	Description of the August Police Acceptance of the August Police August	A=0.4.0=	
33974	Removal Of Intra-Aortic Balloon Assist Device From The Ascending Aorta, Including Repair Of The Ascending Aorta, With Or Without Graft	\$781.97	
33975	Insertion Of External Lower Heart Chamber Blood Flow Assist Device	\$1,246.93	
33976	Insertion Of External Blood Flow Assist Device In Both Lower Heart Chambers	\$1,364.09	
33977	Removal Of External Assistive Blood Flow Device From One Lower Heart Chamber	\$970.67	
33978	Removal Of External Assistive Blood Flow Device From Both Lower Heart Chambers	\$1,277.10	
33979	Insertion Of Implanted Lower Heart Chamber Blood Flow Assist Device	\$1,672.56	
33980	Removal Of Implanted Lower Heart Chamber Assistive Blood Flow Device	\$1,534.88	
33981	Replacement Of External Lower Heart Chamber Assistive Blood Flow Device	\$794.01	
33982	Replacement Of Implanted Lower Heart Chamber Assistive Blood Flow Devices	\$1,679.55	
33983	Replacement Of Implanted Lower Heart Chamber Assistive Blood Flow Devices On Heart-Lung Machine	\$1,984.42	
33984	Removal Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older	\$271.35	
	Removal Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5		
33985	Years Of Age	\$491.33	
		7.0	
33986	Removal Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older	\$451.25	
33987	Incision Of Artery For Creation Of A Channel For Blood Circulation Using A Pump	\$179.53	
33988	Insertion Of Left Heart Vent Through Chest For Blood Oxygenation Rewarming And Return	\$668.83	
33989	Removal Of Left Heart Vent Through Chest For Blood Oxygenation Rewarming And Return	\$424.83	
	Insertion Of Left Lower Heart Chamber Blood Flow Assist Device Via Artery Accessed Through Skin, Including Radiological Supervision And	Ţ.Z.:30	
33990	Interpretation	\$348.63	
	Insertion Of Left Lower Heart Chamber Blood Flow Assist Device Via Artery And Vein Accessed Through Skin, With Puncture Of Partition	Ţ2.2700	
33991	Between Heart Chambers, Including Radiological Supervision And Interpretation	\$411.32	
33992	Removal Of Left Lower Heart Chamber Blood Flow Assist Device, Accessed Through Skin	\$181.61	
33993	Repositioning Of Lower Heart Chamber Blood Flow Assist Device Using Imaging Guidance	\$145.17	
30000	Insertion Of Right Lower Heart Chamber Blood Flow Assist Device Via Vein Accessed Through Skin, Including Radiological Supervision And	ψ1-0.17	
33995	Interpretation	\$316.22	
33997	Removal Of Right Lower Heart Chamber Blood Flow Assist Device, Accessed Through Skin	\$140.78	
33999	Unlisted Procedure, Cardiac Surgery	Price By Report	
34001	Removal Of Blood Clot In Artery Via Neck Incision	\$781.31	
34051	Removal Of Blood Clot In Artery Via Thoracic Incision	\$871.78	
34101	Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision	\$573.28	
34111	Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision	\$576.79	
34151	Removal Of Blood Clot In Artery Via Abdominal Incision	\$1,198.58	
34201	Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision	\$797.39	
34203	Removal Of Blood Clot Or Obstructing Material (Embolus) From Peroneal Artery Of Upper Leg Via Leg Incision	\$906.26	
34401	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal Incision	\$1,294.27	
34421	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision	\$595.28	
34421 34451	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions	\$595.28 \$1,223.76	
34421 34451 34471	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision	\$595.28 \$1,223.76 \$921.96	
34421 34451 34471 34490	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision	\$595.28 \$1,223.76 \$921.96 \$568.39	
34421 34451 34471	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision	\$595.28 \$1,223.76 \$921.96	
34421 34451 34471 34490	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision	\$595.28 \$1,223.76 \$921.96 \$568.39	
34421 34451 34471 34490 34501	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03	
34421 34451 34471 34490 34501 34502	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70	
34421 34451 34471 34490 34501 34502 34510	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99	
34421 34451 34471 34490 34501 34502 34510 34520	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30	
34421 34451 34471 34490 34501 34502 34510 34520 34530	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48	
34421 34451 34471 34490 34501 34502 34510 34520 34530 34701	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09	
34421 34451 34471 34490 34501 34502 34510 34520 34530 34701 34702	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22	
34421 34451 34471 34490 34501 34502 34510 34520 34530 34701 34702 34703	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22	
34421 34451 34471 34490 34501 34502 34510 34520 34530 34701 34702 34703	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopitieal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22 \$1,180.48	
34421 34451 34471 34490 34501 34502 34510 34520 34530 34701 34702 34703	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22 \$1,180.48	
34421 34451 34471 34490 34501 34502 34510 34520 34530 34701 34702 34703	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22 \$1,180.48	
34421 34451 34471 34490 34501 34502 34510 34520 34530 34701 34702 34703	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22 \$1,180.48	
34421 34451 34471 34490 34501 34502 34510 34520 34530 34701 34702 34703	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$1,068.09 \$1,584.22 \$1,180.48 \$1,951.64 \$1,951.64	
34421 34451 34471 34490 34501 34502 34510 34520 34530 34701 34702 34703	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopitieal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22 \$1,180.48	
34421 34451 34471 34471 34502 34501 34502 34510 34701 34702 34703 34704 34705 34706	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22 \$1,180.48 \$1,951.64 \$1,951.64	
34421 34451 34471 34470 34501 34502 34510 34520 34701 34702 34703 34704 34705 34706	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$1,068.09 \$1,584.22 \$1,180.48 \$1,951.64 \$1,951.64 \$1,513.71 \$1,950.62 \$995.87	
34421 34471 34471 34471 34502 34501 34520 34510 34520 34703 34703 34704 34705 34706 34707 34708 34709	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$1,068.09 \$1,584.22 \$1,180.48 \$1,951.64 \$1,951.64 \$1,950.62 \$1,513.71	
34421 34451 34471 34490 34501 34502 34510 34502 34530 34701 34702 34703 34704 34705 34706 34707 34708 34709 34710	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22 \$1,180.48 \$1,951.64 \$1,951.62 \$995.87 \$1,586.97 \$275.29 \$685.09	
34421 34451 34471 34471 34502 34510 34520 34510 34702 34703 34704 34705 34706 34707 34708 34708 34709 34710 34711	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Pepair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Of Prosthesis For Repair Of Abdominal Or Groin Artery, Initial Vessel Treated Delayed Insertion Of Prosthesis For Repair Of Abdominal Or Groin Artery, Inditial Vessel Treated	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22 \$1,180.48 \$1,951.64 \$1,951.64 \$1,951.62 \$1,586.97 \$275.29 \$685.09 \$251.36	
34421 34451 34471 34490 34501 34502 34510 34502 34530 34701 34702 34703 34704 34705 34706 34707 34708 34709 34710	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision Valvuloplasty, Femoral Vein Reconstruction Of Vena Cava, Any Method Venous Valve Transposition, Any Vein Donor Cross-Over Vein Graft To Venous System Saphenopopliteal Vein Anastomosis Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Non-Ruptured Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation Polayed Insertion Of Prosthesis For Repair Of Abdominal Or Groin Artery, Including Radiological Supervision And Interpretation Polayed Insertion Of Prosthesis For Repair Of Abdominal	\$595.28 \$1,223.76 \$921.96 \$568.39 \$767.03 \$1,345.70 \$872.99 \$846.30 \$807.48 \$1,068.09 \$1,584.22 \$1,180.48 \$1,951.64 \$1,951.62 \$995.87 \$1,586.97 \$275.29 \$685.09	
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39011 And Associated Octobiose Diseases, Antillary-Racinal Artery, By Arm Incision Disect Repair Of Annuryan To Sciescian (Partial Of Total) And Graft Insertion, With Or Without Patch Graft; For Rugured Annuryan, Askings- Scholar Artery, By Arm Incision Disect Repair Of Annuryan To Excision (Partial Of Total) And Graft Insertion, With Or Without Patch Graft; For Annuryan, 31,004 6 Disect Repair Of Annuryan To Excision (Partial Of Total) And Graft Insertion, With Or Without Patch Graft, For Annuryan, Disect Repair Of Annuryan, Particulations, Or Excision (Partial Of Total) And Graft Insertion, With Or Without Patch Graft, For Annuryan, Disect Repair Of Annuryan, Particulations, Or Excision (Partial Of Total) And Graft Insertion, With Or Without Patch Graft, For Annuryan, Disect Repair Of Annuryan, Particulations, Or Excision (Partial Of Total) And Graft Insertion, With Or Without Patch Graft, For Annuryan, Disect Repair Of Annuryan Deviation (Partial Of Total) And Graft Insertion, With Or Without Patch Graft, For Annuryan, Disect Repair Of Annuryan Or Excision (Partial Of Total) And Graft Insertion, With Or Without Patch Graft, For Annuryan, Disect Repair Of Annuryan Deviation (Partial Of Total) And Graft Insertion, With Or Without Patch Graft, For Annuryan, Disect Repair Of Annuryan Deviation (Partial Of Total) And Graft Insertion, With Or Without Patch Graft, For Annuryan, Disect Repair Of Excision of Blood Cilication in Woll Of Acts (Pseudoeneuryan) Or Burging (Annuryan) Of Acts in Abdornation Involving Disect Repair Of Excision of Blood Cilication in Woll Of Acts (Pseudoeneuryan) Or Burging (Annuryan) Or Acts in Abdornation Involving Disect Repair Of Excision of Blood Cilication in Woll Of Acts (Pseudoeneuryan) Or Acts in Abdornation Involving Disect Repair Of Excision of Blood Cilication in Woll Of Acts (Pseudoeneuryan) Or Acts in Abdornation Involving Disect Repair Of Excision of Blood Cilication in Woll Of Acts in Addornation Involving Disect Repair Of Excision of Blood Cilication in Woll Of Acts in Addor			*	
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Direct Repair Of Aneuryam, Pseudoaneuryam, Of Excision (Parial Of Total) And Graft Insertion, With Of Without Patch Graft; For Aneuryam, 2014 St. 1480.88 1540.00 Patrick Pseudoaneuryam, And Associated Occlaire Diseases, Abdominal Another Without Patch Graft; For Ruptured Aneuryam, Abdominal Another Another Pseudoaneuryam (Pseudoaneuryam) of Budging (Aneuryam) Of Anotia In Abdomen Involving Charles of Carbon (Pseudoaneuryam) of Budging (Aneuryam) Of Anotia In Abdomen Involving Charles of Another Carbon (Pseudoaneuryam) of Budging (Aneuryam) Of Anotia In Abdomen Involving Charles of Another Carbon (Pseudoaneuryam) of Budging (Aneuryam) Of Anotia In Abdomen Involving Charles of Another Carbon (Pseudoaneuryam) Of Budging (Aneuryam) Of Anotia In Abdomen Involving Charles of Anotia In Abdomen Involving Charles (Pseudoaneuryam) Of Budging (Aneuryam) Of Anotia In Abdomen Involving Charles (Pseudoaneuryam) Of Budging (Aneuryam) Of Anotia In Abdomen Involving Charles (Pseudoaneuryam) Of Budging (Aneuryam) Of Speen Anery St. 1528 22 25 15 10 Invert Repair Of Excision Of Ruptured Budging (Aneuryam) Of Anotia In Abdomen Involving Charles (Pseudoaneuryam) Of Budging (Aneuryam) Of Speen Anery St. 1528 2 2 15 11 Direct Repair Of Excision Of Ruptured Budging (Aneuryam) Of Anotia In Abdomen Involving Charles (Pseudoaneuryam) Of Speen Anery St. 1528 2 2 15 11 Direct Repair Of Excision Of Ruptured Budging (Aneuryam) Of Anotia In Abdomen Involving Charles (Pseudoaneuryam) Of Speen Anery St. 1528 2 2 15 11 Direct Repair Of Excision Of Ruptured Budging (Aneuryam) Of Anotia In Abdomen Involving Charles (Pseudoaneuryam) Of Speen Anery St. 1528 2 1 1 Direct Repair Of Aneuryam Of Anotia International Anotia	25045		\$00E 04	
Signate Pseudosineuryam, And Associated Occlusive Disease, Abdominal Aorta Sirce Content	JOU45		\$965.31	
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Drieck Repair OF Excision Of Blood Collection in Wall Of Aorta (Pseudoaneurysm) OF Bulging (Aneurysm) OF Aorta in Abdomen Involving Groin Anteries \$1,064.53 531030 Drieck Repair OF Excision Of Ruptured Bulging (Aneurysm) OF Aorta in Abdomen Involving Groin Anteries \$1,3894.49 53110 Drieck Repair OF Excision Of Ruptured Bulging (Aneurysm) OF Aorta in Abdomen Involving Groin Anteries \$1,391.10 53111 Drieck Repair OF Excision Of Ruptured Bulging (Aneurysm) OF Spleen Antery \$1,345.75 53112 Drieck Repair OF Excision Of Ruptured Bulging (Aneurysm) OF Spleen Antery \$1,345.75 53112 Drieck Repair OF Excision Of Ruptured Bulging (Aneurysm) Of Antery To Liver, Kidneys, Stomach, And/Or Intestines (Hepatic, Celiac, Renal, Or Mesenteric Antery) \$1,345.75 5312 Drieck Repair OF Excision Of Ruptured Bulging (Aneurysm) Of Antery To Liver, Kidneys, Stomach, And/Or Intestines (Hepatic, Celiac, Renal, Or \$1,608.09 5312 Drieck Repair OF Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft, For Aneurysm, 181.171.62 5313 Drieck Repair Of Aneurysm, Decision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft, For Aneurysm, 181.201.10 5314 September Of Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft, For Aneurysm, 251.301.10 5315 Pseudoaneurysm, And Associated Octobase Debases, Common Permital Artery (Produsal Femorias, Superficial Femoria) 5316 Pseudoaneurysm, And Associated Octobase Debases, Common Permital Artery (Produsal Femorias, Superficial Femoria) 5317 Pseudoaneurysm, And Associated Octobase Debases, Common Permital Artery (Produsal Femorias, Superficial Femoria) 5318 Pseudoaneurysm, And Associated Octobase Debases, Common Permital Artery (Produsal Femorias, Superficial Femoria) 5319 Pseudoaneurysm, And Associated Octobase Debases, Common Permital Artery (Produsal Femorias, Superficial Femoria) 5319 Pseudoaneurysm, And Associated Octobase Debases, Common Pseudoaneurysm, And Associated Octobase Debases, Common Pseudoane	35092	Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs	\$2,227.58	
Strick Repair OF Excision Of Ruptured Bulging (Aneuryam) Of Acrta in Abdomen Involving Grion Anteries \$1,894.49		Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin		
Direct Repair Of Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,331.10	35102		\$1,604.53	
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Direct Repair Of Bulging (Aneurysm) Of Artery To Liver, Kidneys, Stomach, And/Or Intestlines (Hepatic, Celiac, Renal, Or Mesenteric Antery) Direct Repair Or Excission Of Ruptured Bulging (Aneurysm) Of Artery To Liver, Kidneys, Stomach, And/Or Intestlines (Hepatic, Celiac, Renal, Or Direct Repair Of Aceusins (Artery) Mesenteric Artery) Mesenteric Artery) Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excission (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 181,171.62 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excission (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Iliac Artery (Common, Hypogastric, External) Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excission (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Iliac Artery (Common, Hypogastric, External) Direct Repair Of Aneurysm, Pseudoaneurysm, or Excission (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 2941.65 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excission (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 2941.65 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excission (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 21,135,93 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 21,135,93 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 21,135,93 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 21,135,93 Direct Repair Or Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 21,135,93 Direct Repair Or Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft;	35111			
Direct Repair Of Excision Of Ruptured Bulging (Aneurysm) Of Artery To Liver, Kidneys, Stomach, And/Or Intestines (Hepatic, Celiac, Renal, Or \$1,000.00) Direct Repair Of Aneurysm, Pseudoaneurysm, or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, \$1,171,62 Direct Repair Of Aneurysm or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Iliac Artery (Common, Hypogastric, External) Direct Repair Of Aneurysm, Pseudoaneurysm, or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 181, 191, 100 Direct Repair Of Aneurysm, Pseudoaneurysm, or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 183, 191, 100 Direct Repair Of Aneurysm, Pseudoaneurysm, or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 181, 191, 191, 191, 191, 191, 191, 191	35112	Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Spleen Artery	\$1,391.10	
Direct Repair Of Excision Of Ruptured Bulging (Aneurysm) Of Artery To Liver, Kidneys, Stomach, And/Or Intestines (Hepatic, Celiac, Renal, Or \$1,000.00) Direct Repair Of Aneurysm, Pseudoaneurysm, or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, \$1,171,62 Direct Repair Of Aneurysm or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Iliac Artery (Common, Hypogastric, External) Direct Repair Of Aneurysm, Pseudoaneurysm, or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 181, 191, 100 Direct Repair Of Aneurysm, Pseudoaneurysm, or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 183, 191, 100 Direct Repair Of Aneurysm, Pseudoaneurysm, or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 181, 191, 191, 191, 191, 191, 191, 191		Direct Description (Assumption) Of Aster To Live Kidney Controls And On Intention (Unput College Description)	04.045.75	
S1312 Mesenteric Artery) Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 181,711.62 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, 181,711.62 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, 181,291.10 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 182,111.03 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 182,111.03 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 182,111.03 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 182,111.03 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 182,111.03 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 182,111.03 Direct Repair Or Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 182,111.03 S1510 Repair, Congenital Aneriovenous Fistula; Head And Neck S10,004.10 S11,111.03 S11,111.	35121		\$1,345.75	
Direct Repair of Aneurysm, Pseudoaneurysm, Of Excision (Partial O' Total) And Graft Insertion, With O' Without Patch Graft; For Aneurysm, \$1,171,62 35131 Pseudoaneurysm, And Associated Occlusive Disease, Iliac Artery (Common, Hypogastric, External) 35142 (Common, Hypogastric, External) 35142 (Common, Hypogastric, External) 35141 Pseudoaneurysm, Pseudoaneurysm, O' Excision (Partial O' Total) And Graft Insertion, With O' Without Patch Graft; For Ruptured Aneurysm, Iliac Artery (External) 35141 Pseudoaneurysm, And Associated Occlusive Disease, Common Fernoria Attery (Pordunda Fernoris, Superficial Fernoria) 35142 Fernoria Artery (Pordunda Fernoris, Superficial Fernoria) 35153 Direct Repair O' Aneurysm, Pseudoaneurysm, O' Excision (Partial O' Total) And Graft Insertion, With O' Without Patch Graft; For Ruptured Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Popoliteal Artery 35159 Pseudoaneurysm, And Associated Occlusive Disease, Popoliteal Artery 35160 Repair Congenital Arteriovenous Fistusis, Head And Neck 35168 Repair, Congenital Arteriovenous Fistusis, Thorax And Abdomen 35180 Repair, Congenital Arteriovenous Fistusis, Thorax And Abdomen 35180 Repair, Acquired O' Triumatic Arteriovenous Fistusis, Thorax And Abdomen 35180 Repair, Acquired O' Triumanic Arteriovenous Fistusis, Extremities 35180 Repair, Acquired O' Triumanic Arteriovenous Fistusis, Extremities 35181 Repair Congenital Arteriovenous Fistusis, Extremities 35210 Repair Bood Vessels O' A-V Fistusia, Direct, Head. Finger 35221 Repair Blood Vessels O' A-V Fistusia, Direct, Head. Finger 35321 Repair Blood Vessels O' A-V Fistusia, Direct, Hand, Finger 35322 Repair Blood Vessels O' A-V Fistusia With Vein Graft, Hyper Extremity 353232 Repair Blood Vessels O' A-V Fistusia	25122		\$1.609.00	
Pseudoaneurysm, And Associated Occlusive Disease, lilac Artery (Common, Hypogastric, External) \$1,171.62	33122		\$1,000.09	
Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Iliac Artery \$1,391.10 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Common Schopelifical Femoral) Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Popiliteal Artery Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal Artery Care Artery School (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal Artery School (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal (Partial Or Total) And School (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal Artery School (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal Aneurysm, Popiliteal Artery School (Partial Or Total) Aneurysm, Popiliteal Artery School (Partial Or Total) And Neck Sc	35131		\$1,171.62	
S1,391.10 Common, Hypogastric, External S1,391.10			\$1,111	
Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 51141 Pseudoaneurysm, And Associated Occlavie Disease, Common Femoral Artery (Profunda Femoris, Suprial Femoria) \$941.65 Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Common Bit 1,35.93 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Popiliteal Artery Direct Repair Of Aneurysm, Peptiteal Artery Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal Artery Artery Compenital Arteriovenous Fistula; Head And Neck \$672.42 Salta Repair, Congenital Arteriovenous Fistula; Extremities \$824.58 Salta Repair, Congenital Arteriovenous Fistula; Extremities \$824.58 Salta Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$824.58 Salta Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$866.76 Salta Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$866.76 Salta Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity \$760.33 Salta Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity \$869.35 Salta Repair Blood Vessels Or A-V Fistula, Direct; Intrahoracic, Without Bypass \$1.126.59 Salta Repair Blood Vessels Or A-V Fistula, Direct; Intrahoracic, Without Bypass \$1.126.50 Salta Repair Blood Vessels Or A-V Fistula, Direct; Intrahoracic, Without Bypass \$1.26.50 Salta Repair Blood Vessels Or A-V Fistula, With Yein Graft; Intrahoracic, Without Bypass \$1.26.50 Salta Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrahoracic, Without Bypass \$1.26.50 Salta Repair B	35132		\$1,391.10	
Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Common \$1,135.93 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Octolasive Disease, Popiliteal Antery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal Antery Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popiliteal Antery Carbon State (Papair) Congenital Arteriovenous Fistula; Head And Neck \$672.42 Satista Repair, Congenital Arteriovenous Fistula; Extremities \$1,191.39 Satista Repair, Congenital Arteriovenous Fistula; Extremities \$1,580.12 Satista Repair, Congenital Arteriovenous Fistula; Extremities \$1,580.12 Satista Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$1,580.12 Satista Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$1,285.62 Satista Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$1,285.62 Satista Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$566.76 Repair Blood Vessels Or A-V Fistula, Direct; Weck \$1,601 Satista Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger \$687.35 Satista Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger \$687.35 Satista Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger \$687.35 Satista Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger \$687.35 Satista Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger \$687.35 Satista Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger \$687.35 Satista Repair Blood Vessels Or A-V Fistula, With Vein Graft; Weck \$1,145.66 Satista Repair Blood Vessel Or A-V Fistula With Vein Graft; Unper Extremity \$1,255.02 Repair Blood Vessel Or A-V Fistula Wi		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm,		
Femoral Artery (Profunda Femoris, Superficial Femoral) \$1,135,93	35141	Pseudoaneurysm, And Associated Occlusive Disease, Common Femoral Artery (Profunda Femoris, Superficial Femoral)	\$941.65	
Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, \$1,060.14 Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popliteal Artery Artery Artery Artery S1,060.14 Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popliteal Arteriovenous Fistula; Head And Neck \$672.42 S18182 Repair, Congenital Arteriovenous Fistula; Head And Neck \$15,060.12 S18184 Repair, Congenital Arteriovenous Fistula; Extremities \$282.45 S18188 Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck \$1,088.85 S18188 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$2,088.65 S18189 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$3,080.67 S1,285.62 S1990 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$3,080.70 S1,285.62 S1,080.85				
Seudoaneurysm, And Associated Occlusive Disease, Popiliteal Artery	35142		\$1,135.93	
Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popliteal Artery Artery S1, 2019 Artery Repair, Congenital Arteriovenous Fistula; Head And Neck \$672.42 \$1818 Repair, Congenital Arteriovenous Fistula; Head And Neck \$1,560.12 \$1818 Repair, Congenital Arteriovenous Fistula; Extremities \$243.45 \$1818 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$182.45 \$1818 Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen \$1,285.62 \$1818 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$1,285.62 \$1819 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$1,285.62 \$1,			_	
Artery	35151		\$1,060.14	
85180 Repair, Congenital Arteriovenous Fistula; Head And Neck \$872.42 35181 Repair, Congenital Arteriovenous Fistula; Thorax And Abdomen \$1,560.12 35184 Repair, Congenital Arteriovenous Fistula; Extremities \$824.58 35188 Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck \$1,098.85 35189 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$666.76 35201 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$666.76 35201 Repair Blood Vessels Or A-V Fistula, Direct; Neck \$316.01 35202 Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity \$760.33 35207 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, With Bypass \$1,226.54 35216 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,425.18 35221 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,425.18 35221 Repair Blood Vessels Or A-V Fistula With Vein Graft; Intrathoracic, With Bypass \$1,113.66 35221 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, With Bypass \$1,253.02 35221 Repair Blood Vessel Or A-V Fistula	25452		64 404 00	
35182 Repair, Congenital Arteriovenous Fistula; Thorax And Abdomen \$1,560.12 35184 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$824.58 35188 Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen \$1,285.62 35189 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$666.76 35190 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$666.76 35201 Repair Blood Vessels Or A-V Fistula, Direct; Neck \$816.01 35201 Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity \$760.33 35201 Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger \$687.35 35211 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, With Bypass \$1,218.69 35212 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,826.54 35221 Repair Blood Vessels Or A-V Fistula, Direct; Unwer Extremity \$800.29 35221 Repair Blood Vessels Or A-V Fistula With Vein Graft; Upper Extremity \$800.29 35221 Repair Blood Vessels Or A-V Fistula With Vein Graft; Intrathoracic, With Bypass \$1,136.42 35221 Repair Blood Vessel Or A-V Fistula With Vein				
Repair, Congenital Arteriovenous Fistula; Extremities \$824.58 Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck \$1,098.85 \$35189 Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen \$1,285.62 \$35190 Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities \$666.76 Repair Blood Vessels Or A-V Fistula, Direct; Neck \$816.01 Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity \$760.33 \$35207 Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger \$687.35 \$35211 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,1218.69 \$35221 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,1218.69 \$352221 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,1218.69 \$352221 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,125.18 \$352222 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,125.18 \$352234 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,113.66 \$1,225.18 \$35224 Repair Blood Vessel Or A-V Fistula With Vein Graft; Neck \$1,113.66 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$1,225.18 \$2,225.28 \$2,225.29 \$2,22				
Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck \$1,098.85 Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen \$1,285.62 Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen \$1,285.62 Repair Blood Vessels Or A-V Fistula, Direct; Neck \$816.01 Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity \$687.35 Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity \$687.35 Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity \$687.35 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, With Bypass \$1,218.69 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,221 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,225.64 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,1425.18 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,1425.18 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass \$1,253.02 Repair Blood Vessels Or A-V Fistula With Vein Graft; Neck \$1,113.66 Repair Blood Vessel Or A-V Fistula With Vein Graft; Upper Extremity \$929.36 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass \$1,253.02 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass \$1,253.02 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass \$1,361.42 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass \$1,361.42 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass \$1,203.55 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass \$1,205.40 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass \$1,205.40 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, Without Bypass \$1,205.40 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, Without Bypass \$1,205.40 Repair Blood Vessel Or A-V Fistula With				
Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities Repair Blood Vessels Or A-V Fistula, Direct; Neck Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, With Bypass S1211 Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass S2212 Repair Blood Vessels Or A-V Fistula, Direct; Intra-Abdominal S2221 Repair Blood Vessels Or A-V Fistula, Direct; Lower Extremity S2223 Repair Blood Vessels Or A-V Fistula, Direct; Lower Extremity S2224 Repair Blood Vessel Or A-V Fistula With Vein Graft; Upper Extremity S2224 Repair Blood Vessel Or A-V Fistula With Vein Graft; Upper Extremity S2223 Repair Blood Vessel Or A-V Fistula With Vein Graft; Upper Extremity S2234 Repair Blood Vessel Or A-V Fistula With Vein Graft; Upper Extremity S2235 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass S3244 Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass S32546 Repair Blood Vessel Or A-V Fistula With Vein Graft; Lower Extremity S3265 Repair Blood Vessel Or A-V Fistula With Vein Graft; Lower Extremity S3266 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Neck S338.12 S3267 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, With Bypass S1,205.40 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, With Bypass S1,205.40 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, With Bypass S1,205.40 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, With Bypass S1,201.75 Repair Blood Vessel Or A-V Fistula With Graft Other				
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35256 Repair Blood Vessel Or A-V Fistula With Vein Graft; Lower Extremity \$1,018.40 35261 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Neck \$838.12 35268 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Upper Extremity \$30.74 35271 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, With Bypass \$1,205.40 35278 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, Without Bypass \$1,201.75 35281 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intra-Abdominal \$1,401.30 35286 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Lower Extremity \$895.49 35301 Removal Of Blood Clot And Portion Of Artery, By Neck Incision \$1,079.03	35246			
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35286 Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Lower Extremity \$895.49 35301 Removal Of Blood Clot And Portion Of Artery, By Neck Incision \$1,079.03	35276			
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35302 Removal Of Blood Clot And Portion Of Artery, Superficial Femoral Artery \$1,069.47	35301			
	35302	Removal Of Blood Clot And Portion Of Artery, Superficial Femoral Artery	\$1,069.47	

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35555 Bypass Of Diseased Of Blocked Arrey (New Tor Kidney Arteny), With Vein \$1,618,58 35556 Bypass Of Diseased Of Blocked Arrey (New To Kidney Arteny), With Vein \$1,771,72 35557 Bypass Of Diseased Of Blocked Artery (Anota To Gron Arteny), With Vein \$1,771,72 35558 Bypass Of Diseased Of Blocked Artery (Anota To Gron Arteny), With Vein \$1,771,72 35538 Bypass Of Diseased Of Blocked Artery (Anota To Cron Arteny), With Vein \$1,862,77 35539 Bypass Of Diseased Of Blocked Artery (Anota To Upper Leg Artery), With Vein \$1,862,77 35550 Bypass Of Diseased Of Blocked Artery (Upper Leg Artery), With Vein \$1,197,82 35560 Bypass Of Diseased Of Blocked Artery (Upper Leg O Expect Leg Artery), With Vein \$1,165,112 35560 Bypass Of Diseased Of Blocked Artery (Upper Leg Artery), With Vein \$1,431,12 35560 Bypass Of Diseased Of Blocked Artery (Upper Leg Artery), With Vein \$1,431,12 35560 Bypass Of Diseased Of Blocked Artery (Upper Leg Artery), With Vein \$1,246,46 35560 Bypass Of Diseased Of Blocked Artery (Upper Leg Artery), With Vein \$1,248,46 35570 Bypass Of Diseased Of Blocked Artery (Upper Leg Artery), With Vein \$1,252,67				
Spass Of Diseased Of Blocked Artery (Note 1 of Groin Artery), With Vein \$1,73.72				
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35338 Dybass Of Diseased Of Biocked Artery (Anna To Groin And Opposite Groin Artery), With Vein \$1,984.74 3559 Dybass Of Diseased Of Discoked Artery (Anna To Upper Leg Antery), With Vein \$2,075.17 35540 Dybass Of Diseased Of Discoked Artery (Anna To Upper Leg Antery), With Vein \$2,075.17 35556 Dybass Of Diseased Of Discoked Artery (Upper Leg To Opposite Upper Leg Antery), With Vein \$1,197.82 35558 Dybass Of Diseased Of Discoked Artery (Upper Leg To Opposite Upper Leg Antery), With Vein \$1,598.64 35559 Dybass Of Diseased Of Discoked Artery (Upper Leg To Opposite Upper Leg Antery), With Vein \$1,498.64 35559 Dybass Of Diseased Of Discoked Artery (Groin To Opposite Groin Antery), With Vein \$1,286.66 35560 Dybass Of Diseased Of Discoked Artery (Upper Leg To Lower Leg Antery), With Vein \$1,286.66 35560 Dybass Of Diseased Of Biocked Artery (Upper Leg To Lower Leg Antery), With Vein \$1,583.90 35571 Dybass Of Diseased Of Biocked Artery (Lower Leg To Lower Leg Antery), With Vein \$1,583.90 35577 Dybass Of Diseased Of Biocked Artery (Lower Leg To Lower Leg Antery), With Vein \$1,283.76 35577 Harvest Cf Vein Segment Upper Leg To To Tippic Leg To Compact Leg Antery), With Vein Creat \$1,185.11 35578 Harvest Cf Vein Segment Upper Leg To Tapic Diseased Of Biocked Artery By Insention Of Vein Graft From Antery Of Thigh To Antery Of Lower Leg (Popilteal-Tibial Or Peronal Paper)				
Spans of Diseased OF Blocked Artery (Darie To Lower Leg Artery), With Vein \$1,197.82				
35556 Bypass Of Diseased Or Blocked Artery (Upper Log To Opposite Duper Leg Artery), With Vein \$1,197.82 35559 Bypass Of Diseased Or Blocked Artery (April or Log To Opposite Oppor Leg Artery), With Vein \$1,451.12 35559 Bypass Of Diseased Or Blocked Artery (April or To Opposite Oppor Leg Artery), With Vein \$1,128.66 35569 Bypass Of Diseased Or Blocked Artery (From To Opposite Oppor Leg Artery), With Vein \$1,128.66 35569 Bypass Of Diseased Or Blocked Artery (Lower Leg Artery), With Vein \$1,248.46 35569 Bypass Of Diseased Or Blocked Artery (Lower Leg To Opposite Lower Leg Artery), With Vein \$1,255.78 35570 Bypass Of Diseased Or Blocked Artery (Lower Leg To Copposite Lower Leg Artery), With Vein \$1,255.78 35571 Bypass Of Diseased Or Blocked Artery (Lower Leg To Thigh). One Segment \$1,255.78 35577 Bypass Of Diseased Or Blocked Artery (Lower Leg To Thigh). One Segment \$203.76 35581 Bypass Of Diseased Or Blocked Artery (Pringh To Artery Of Thigh To Artery Of Knee (Femoral-Poptical Bypass) \$1,222.39 35582 Postor Trail Table Of Peronand Artery Segment. One Segment \$1,223.70 35583 Postor Trail Table Of Peronand Artery Segment. One Segment \$1,223.80 35684 Pos	35539	Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), With Vein	\$1,862.77	
35558 Bypass Of Deasead Or Blocked Artery (Loper Leg To Opposite Upper Leg Artery), With Vein \$1,651.12 35569 Bypass Of Deasead Or Blocked Artery (Gran To Kidnya Artery), With Vein \$1,128.66 35569 Bypass Of Deasead Or Blocked Artery (Gran To Opposite Gran Artery), With Vein \$1,288.66 35569 Bypass Of Deasead Or Blocked Artery (Upper Leg To Lower Leg Artery), With Vein \$1,288.66 35569 Bypass Of Deasead Or Blocked Artery (Lower Leg To Deaper Leg Artery), With Vein \$1,528.78 35571 Bypass Of Deasead Or Blocked Artery (Lower Leg To Lower Leg Artery), With Vein \$1,525.78 35571 Bypass Of Use Deased Or Blocked Artery (Lower Leg To Lower Leg Artery), With Vein \$1,135.11 35572 Haves Coll Vein Segment \$293.76 35583 Bypass Of Deasead Or Blocked Artery By Insention Of Vein Graft From Artery Of Thigh To Artery Of Lower Leg (Femoral-Poptiteal Bypass) \$1,123.29 35589 Bypass Of Deasead Or Blocked Artery By Insention Of Vein Graft From Artery Of Lower Leg (Poptiteal-Tibial Or Peroneal Artery Bypass) \$1,148.36 35589 Bypass Of Deasead Or Blocked Artery (Nex To Ches Artery) Other Than Vein \$1,157.56 35590 Harves Or Deasead Or Blocked Artery (Nex To Ches Artery), Other Than Vein \$1,157.56 <t< td=""><td>35540</td><td>Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), With Vein</td><td>\$2,075.17</td><td></td></t<>	35540	Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), With Vein	\$2,075.17	
35560 Bypass Of Diseased OF Blocked Artery (Forin To Opposite Grown Artery), With Vein \$1,451,12 35563 Bypass Of Diseased OF Blocked Artery (Groin To Opposite Grown Artery), With Vein \$1,286,46 35565 Bypass Of Diseased OF Blocked Artery (Groin To Upper Leg Artery), With Vein \$1,284,46 35566 Bypass Of Diseased OF Blocked Artery (Lower Leg To Opposite Lower Leg Artery), With Vein \$1,284,46 35576 Bypass Of Diseased OF Blocked Artery (Lower Leg To Topposite Lower Leg Artery), With Vein \$1,285,78 35571 Bypass Of Diseased OF Blocked Artery (Lower Leg To Topposite Lower Leg Artery), With Vein \$1,35,11 35572 Bypass Of Diseased OF Blocked Artery (Lower Leg To Thigh), One Segment \$1,35,11 35583 Bypass Of Diseased OF Blocked Artery By Insention Of Vein Graft From Artery Of Thigh To Artery Of Knee (Femoral-Poplised Bypass) \$1,22,239 35584 Bypass Of Diseased OF Blocked Artery By Insention Of Vein Graft From Artery Of Knee To Artery Of Lower Leg (Popliteal-Tibial Or Peroneal \$1,42,36 35587 Bypass Of Diseased OF Blocked Artery By Insention Of Vein Graft From Artery Of Knee To Artery Of Lower Leg (Popliteal-Tibial Or Peroneal \$1,157,56 35600 Harvest Of Ann Artery Artery Segment, One Segment \$1,157,56 35601 Bypass Of Diseased Or Bloc	35556			
35563 Bypass Of Diseased OF Blocked Artery (Groin To Opporate Groin Artery), With Vein \$1,128,66 35565 Bypass Of Diseased OF Blocked Artery (Groin To Upper Leg Artery), With Vein \$1,528,66 35566 Bypass Of Diseased OF Blocked Artery (Loper Leg To Lower Leg Artery), With Vein \$1,553,90 35571 Bypass Of Diseased OF Blocked Artery (Lover Leg To Topposale Lower Leg Artery), With Vein \$1,555,70 35571 Bypass Of Diseased OF Blocked Artery (Lover Leg To Thigh), One Segment \$2,327,76 35572 Bypass Of Diseased OF Blocked Artery (Bypass Control		7111 4 11 11 4 11		
35556 Bypass Of Diseased OF Blocked Artery (Groin To Upper Leg Artery), With Vein \$1,248,46 35566 Bypass Of Diseased OF Blocked Artery (Lower Leg Artery), With Vein \$1,858,190 35570 Bypass Of Diseased OF Blocked Artery (Lower Leg To Opposite Lower Leg Artery), With Vein \$1,255,78 35571 Bypass Of Diseased OF Blocked Artery (Lower Leg To Lower Leg Artery), With Vein \$1,355,11 35572 Harvest Of Vein Segment (Upper Leg To Thigh), One Segment \$2,383,76 35585 Bypass Of Diseased OF Blocked Artery By Insertion Of Vein Graft From Artery Of Thigh To Artery Of Knee (Femoral-Popilical Bypass) \$1,232,39 35586 Bypass Of Diseased OF Blocked Artery By Insertion Of Vein Graft From Artery Of Thigh To Artery Of Lower Leg (Femoral-Anterior Tibial, Or Peroneal Artery Bypass) \$1,428,36 35587 Artery Bypass) Sprays Of Diseased OF Blocked Artery By Insertion Of Vein Graft From Artery Of Knee To Artery Of Lower Leg (Popilical-Tibial Or Peroneal Artery Bypass) \$1,157,56 35580 Harvest Of Vein Segment \$1,157,56 \$1,157,56 35600 Harvest Of Neesed Artery By Insertion Of Vein Graft From Artery Of Knee To Artery Of Lower Leg (Popilical-Tibial Or Peroneal Artery Bypass) \$1,157,56 35600 Harvest Of Neesed Artery Rev Bypass Of Diseased Or Blocked Artery (Neet To Deposite Chest Artery), Other Than Vein \$1,105,58 3560 Harvest Of Neesed Artery Rev Bypass Of Diseased Or Blocked Artery (Neet To Lower Leg Artery), Other Than Ve		,, , , , , , , , , , , , , , , , , , , ,		
Spass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Artery), With Vein \$1,583.90				
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Farvest Of Vein Segment (Upper Leg To Thigh), One Segment \$293.76				
Spass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Thigh To Artery Of Knee (Femoral-Popileal Bypass)		31 37 6 37		
Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Thigh To Artery Of Lower Leg (Femoral-Anterior Tiblal, 3588) 5858 Posterior Tiblal, Or Peroneal Artery Bypass) 51,428.36 Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Knee To Artery Of Lower Leg (Popiliteal-Tiblal Or Peroneal Artery Bypass) Artery Bypass) Artery Bypass Of Diseased Or Blocked Artery (Neck To Brain Artery), Other Than Vein \$1,157.56 Shoel Harvest Of An Arm Artery Segment, One Segment \$1,157.56 Shoel Harvest Of An Arm Artery Segment, One Segment \$1,199.64 \$1,199.64 \$1,199.64 \$1,199.64 \$1,095.34 \$1,199.64 \$1,095.34 \$1,199.64 \$1,095.34 \$1,199.64 \$1,095.34 \$1,199.64 \$1,095.34 \$1,199.64 \$1,095.34 \$1,199.64 \$1,095.34 \$1,199.64 \$1,095.34 \$1,199.64 \$1,095.34 \$1,199.64 \$1,095.34 \$1,199.6				
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Artery Bypass St.157.56			Ţ., . <u>2</u> 5.00	
Harvest Of An Arm Artery Segment, One Segment \$178.35	35587		\$1,157.56	
Spass of Diseased Or Blocked Artery (Neck To Chest Artery), Other Than Vein \$933.01		Harvest Of An Arm Artery Segment, One Segment		
Spass Of Diseased Or Blocked Artery (Chest To Upper Arm Artery), Other Than Vein \$933.71				
System S				
35621 Bypass Of Diseased Or Blocked Artery (Arm To Chest Artery), Other Than Vein \$1,045.68 35622 Bypass Of Diseased Or Blocked Artery (Arm To Lower Leg Artery), Other Than Vein \$1,120.79 35626 Bypass Of Diseased Or Blocked Artery (Arm To Lower Thigh Or Leg Artery), Other Than Vein \$1,384.69 35621 Bypass Of Diseased Or Blocked Artery (Aorta To Abdominal Or Kidney Artery), Other Than Vein \$1,578.85 35631 Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Ilio-Celiac), Other Than Vein \$1,578.85 35633 Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Iliorenal), Other Than Vein \$1,690.49 35634 Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Iliorenal), Other Than Vein \$1,504.46 35637 Bypass Of Diseased Or Blocked Artery (Spleen To Kidney Artery), Other Than Vein \$1,358.00 35638 Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), Other Than Vein \$1,411.87 35637 Bypass Of Diseased Or Blocked Artery (Aorta To Groin To Opposite Groin Artery), Other Than Vein \$1,485.04 35638 Bypass Of Diseased Or Blocked Artery (Aorta To Groin To Artery), Other Than Vein \$845.96 35647 Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), Other Than Vein \$845.96 35648 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein \$845.96 <td< td=""><td></td><td>,, ,, ,,</td><td></td><td></td></td<>		,, ,, ,,		
Spass Of Diseased Or Blocked Artery (Arm To Lower Leg Artery), Other Than Vein \$1,304.69		31 37 11 37		
Spass Of Diseased Or Blocked Artery (Arm To Lower Thigh Or Leg Artery), Other Than Vein \$1,384.69				
Syass Of Diseased Or Blocked Artery (Aorta To Abdominal Or Kidney Artery), Other Than Vein \$1,578.85				
Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Ilio-Cellac), Other Than Vein \$1,537.15 \$3633 Bypass Of Diseased Or Blocked Artery (Groin To Abdominal Artery), Other Than Vein \$1,690.49 \$36363 Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Iliorenal), Other Than Vein \$1,504.46 \$36363 Bypass Of Diseased Or Blocked Artery (Spleen To Kidney Artery), Other Than Vein \$1,358.00 \$36363 Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), Other Than Vein \$1,358.00 \$3637 Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), Other Than Vein \$1,411.87 \$3638 Bypass Of Diseased Or Blocked Artery (Aorta To Groin To Opposite Groin Artery), Other Than Vein \$1,485.04 \$3642 Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), Other Than Vein \$845.96 \$3645 Bypass Of Diseased Or Blocked Artery (Chest To Arm Artery), Other Than Vein \$809.92 \$3646 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), Other Than Vein \$1,481.54 \$3667 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein \$1,328.07 \$36680 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein \$1,328.07 \$36690 Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), Other Than Vein \$1,300.20 \$36690 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery), Other Than Vein \$1,006.64 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein \$1,006.64 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery), Other Than Vein \$1,006.64 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery), Other Than Vein \$1,006.64 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery), Other Than Vein \$1,006.64 Bypass Of Diseased Or Blocked Artery (Upper Leg Arteries), Other Than Vein \$1,006.64 Bypass Of Diseased Or Blocked Artery (Upper Leg Arteries), Other Than Vein \$1,006.64 Bypass Of Diseased Or Blocked Artery (Upper Leg Arteries), O				
35633 Bypass Of Diseased Or Blocked Artery (Groin To Abdominal Artery), Other Than Vein 35634 Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Iliorenal), Other Than Vein 35636 Bypass Of Diseased Or Blocked Artery (Spleen To Kidney Artery), Other Than Vein 35637 Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), Other Than Vein 35638 Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), Other Than Vein 35639 Bypass Of Diseased Or Blocked Artery (Aorta To Groin To Opposite Groin Artery), Other Than Vein 35630 Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), Other Than Vein 35631 Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), Other Than Vein 35632 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein 35633 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein 35640 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein 35641 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein 35645 Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), Other Than Vein 35646 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery), Other Than Vein 35647 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Arteries), Other Than Vein 35648 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein 35650 Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Groin Artery), Other Than Vein 35661 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein 35662 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein 35663 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Artery), Other Than Vein 35664 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein 35665 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein 35667 Bypass Of Diseased Or Blocked Art				
Spass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Iliorenal), Other Than Vein \$1,504.46		31 31 31 31 31 31 31 31 31 31 31 31 31 3		
Spass Of Diseased Or Blocked Artery (Spleen To Kidney Artery), Other Than Vein \$1,358.00				
35638 Bypass Of Diseased Or Blocked Artery (Aorta To Groin To Opposite Groin Artery), Other Than Vein 35642 Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), Other Than Vein 35645 Bypass Of Diseased Or Blocked Artery (Chest To Arm Artery), Other Than Vein 35646 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), Other Than Vein 35647 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), Other Than Vein 35648 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein 35650 Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), Other Than Vein 35650 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery), Other Than Vein 35650 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Arteries), Other Than Vein 35650 Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), Other Than Vein 35650 Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), Other Than Vein 35661 Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein 35662 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein 35663 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery), Other Than Vein 35664 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery), Other Than Vein 35665 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery), Other Than Vein 35666 Bypass Of Diseased Or Blocked Artery (Upper Leg Arteries), Other Than Vein 35671 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein 35681 Bypass Of Diseased Or Blocked Artery, Composite 35682 Bypass Of Diseased Or Blocked Artery, Composite 35682 Bypass Of Diseased Or Blocked Artery, Composite, 2 Veins				
35642 Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), Other Than Vein \$845.96 35645 Bypass Of Diseased Or Blocked Artery (Chest To Arm Artery), Other Than Vein \$809.92 35646 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), Other Than Vein \$1,461.54 35647 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein \$1,328.07 35650 Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), Other Than Vein \$871.50 35654 Bypass Of Diseased Or Blocked Artery (Lyper Leg To Lower Thigh Arteries), Other Than Vein \$1,300.20 35656 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Arteries), Other Than Vein \$1,006.35 35661 Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), Other Than Vein \$1,035.78 35663 Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein \$1,036.64 35666 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery, Other Than Vein \$1,006.64 35667 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein \$1,106.64 35671 Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein \$		31 37		
35645 Bypass Of Diseased Or Blocked Artery (Chest To Arm Artery), Other Than Vein \$809.92 35646 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), Other Than Vein \$1,461.54 35647 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein \$871.50 35650 Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), Other Than Vein \$871.50 35654 Bypass Of Diseased Or Blocked Artery (Inder Arm To Both Lower Thigh Arteries), Other Than Vein \$1,300.20 35656 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein \$1,026.35 35661 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein \$1,035.78 35663 Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein \$1,036.78 35665 Bypass Of Diseased Or Blocked Groin To Upper Leg Artery, Other Than Vein \$1,006.64 35666 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein \$1,106.64 35671 Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein \$1,112.13 35671 Bypass Of Diseased Or Blocked Artery, Composite \$67.87 <t< td=""><td></td><td></td><td></td><td></td></t<>				
35646 Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), Other Than Vein \$1,328.07 35650 Bypass Of Diseased Or Blocked Artery (Inder Arm To Opposite Arm Artery), Other Than Vein \$871.50 35650 Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), Other Than Vein \$1,300.20 35650 Bypass Of Diseased Or Blocked Artery (Arm To Both Lower Thigh Artery), Other Than Vein \$1,300.20 35651 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein \$1,002.35 35661 Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), Other Than Vein \$1,035.78 35663 Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein \$1,039.68 35665 Bypass Of Diseased Or Blocked Groin To Upper Leg Artery, Other Than Vein \$1,039.68 35666 Bypass Of Diseased Or Blocked Artery (Upper Leg Artery, Other Than Vein \$1,036.64 35667 Bypass Of Diseased Or Blocked Artery (Upper Leg Arteries), Other Than Vein \$1,035.78 35688 Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein \$1,035.78 35681 Bypass Of Diseased Or Blocked Artery, Composite \$1,035.79 35682 Bypass Of Diseased Or Blocked Artery, Composite \$1,035.79 35682 Bypass Of Diseased Or Blocked Artery, Composite \$1,035.79		7.		
Sypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein \$1,328.07				
35650 Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), Other Than Vein \$871.50 35654 Bypass Of Diseased Or Blocked Artery (Arm To Both Lower Thigh Arteries), Other Than Vein \$1,300.20 35656 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein \$1,006.35 35661 Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), Other Than Vein \$1,035.78 35663 Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein \$1,039.68 35665 Bypass On Diseased Or Blocked Groin To Upper Leg Artery, Other Than Vein \$1,006.64 35666 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein \$1,101.12.13 35671 Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein \$980.89 35681 Bypass Of Diseased Or Blocked Artery, Composite \$67.87 35682 Bypass Of Diseased Or Blocked Artery, Composite, 2 Veins \$300.13				
35654 Bypass Of Diseased Or Blocked Artery (Arm To Both Lower Thigh Arteries), Other Than Vein \$1,300.20 35656 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein \$1,026.35 35661 Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), Other Than Vein \$1,035.78 35663 Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein \$1,036.88 35665 Bypass On Diseased Or Blocked Groin To Upper Leg Artery, Other Than Vein \$1,006.64 35666 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein \$1,112.13 35671 Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein \$980.89 35681 Bypass Of Diseased Or Blocked Artery, Composite \$67.87 35682 Bypass Of Diseased Or Blocked Artery, Composite, 2 Veins \$300.13				
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35661Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), Other Than Vein\$1,035.7835663Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein\$1,039.6835665Bypass On Diseased Or Blocked Groin To Upper Leg Artery, Other Than Vein\$1,006.6435666Bypass Of Diseased Or Blocked Artery (Upper Leg Arteries), Other Than Vein\$1,112.1335671Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein\$980.8935681Bypass Of Diseased Or Blocked Artery, Composite\$67.8735682Bypass Of Diseased Or Blocked Artery, Composite, 2 Veins\$300.13				
35663 Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein \$1,039.68 35665 Bypass On Diseased Or Blocked Groin To Upper Leg Artery, Other Than Vein \$1,006.64 35666 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein \$1,112.13 35671 Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein \$980.89 35681 Bypass Of Diseased Or Blocked Artery, Composite \$67.87 35682 Bypass Of Diseased Or Blocked Artery, Composite, 2 Veins \$300.13				
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35666 Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein \$1,112.13 35671 Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein \$980.89 35681 Bypass Of Diseased Or Blocked Artery, Composite \$67.87 35682 Bypass Of Diseased Or Blocked Artery, Composite, 2 Veins \$300.13		7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7		
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35682 Bypass Of Diseased Or Blocked Artery, Composite, 2 Veins \$300.13	35671	Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein	\$980.89	
	35681		\$67.87	
35683 Bypass Of Diseased Or Blocked Artery, Composite, 3 Or More Veins \$346.08		,, , , , , , , , , , , , , , , , , , ,		
	35683	Bypass Of Diseased Or Blocked Artery, Composite, 3 Or More Veins	\$346.08	_

Code			
Code	Description	Fee	Prior Auth Status
	Placement Of Vein Patch Or Cuff At Distal Anastomosis Of Bypass Graft, Synthetic Conduit (List Separately In Addition To Code For Primary		
35685	Procedure)	\$167.99	
	Creation Of Distal Arteriovenous Fistula During Lower Extremity Bypass Surgery (Non-Hemodialysis) (List Separately In Addition To Code For	·	
35686	Primary Procedure)	\$136.21	
35691	Transposition And/Or Reimplantation; Vertebral To Carotid Artery	\$809.27	
	Transposition And/Or Reimplantation; Vertebral To Subclavian Artery	\$717.30	
35693	· · · · · · · · · · · · · · · · · · ·		
35694	Transposition And/Or Reimplantation; Subclavian To Carotid Artery	\$938.43	
35695	Transposition And/Or Reimplantation; Carotid To Subclavian Artery	\$876.38	
35697	Reimplantation, Visceral Artery To Infrarenal Aortic Prosthesis, Each Artery (List Separately In Addition To Code For Primary Procedure)	\$124.70	
	Reoperation, Femoral-Popliteal Or Femoral (Popliteal) -Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal Vessels, More Than		
35700	One Month After Original Operation (List Separately In Addition To Code For Primary Procedure)	\$143.30	
35701	Exploration Of Artery Of Neck	\$393.67	
	Exploration Of Artery Of Arm	\$356.33	
	Exploration Of Artery Of Leg	\$408.45	
35703			
	Exploration Of Neck For Postsurgical Bleeding, Blood Clot, Or Infection	\$484.45	
35820	Exploration Of Chest For Postsurgical Bleeding, Blood Clot, Or Infection	\$1,280.59	
35840	Exploration Of Abdomen For Postsurgical Bleeding, Blood Clot, Or Infection	\$793.23	
35860	Exploration Of Arm Or Leg For Postsurgical Bleeding, Blood Clot, Or Infection	\$680.68	
35870	Repair Of Graft-Enteric Fistula	\$1,065.26	
35875	Thrombectomy Of Arterial Or Venous Graft (Other Than Hemodialysis Graft Or Fistula);	\$570.59	
35876	Thrombectomy Of Arterial Or Venous Graft; With Revision Of Arterial Or Venous Graft	\$812.86	
	Revision Of Arterial Bypass Of Leg With Placement Of Vein Patch, Open Procedure	\$792.57	
35881	Revision Of Arterial Bypass Of Leg With Placement Of Relocated Vein, Open Procedure	\$876.96	
35883	Revision Of Arterial Bypass Of Groin With Placement Synthetic Graft, Open Procedure	\$1,029.44	
35884	Revision Of Arterial Bypass Of Groin With Vein Patch Graft, Open Procedure	\$1,055.57	
	Excision Of Infected Graft; Neck	\$412.56	
35903	Excision Of Infected Graft; Extremity	\$495.09	
35905	Excision Of Infected Graft; Thorax	\$1,430.58	
	Excision Of Infected Graft; Abdomen	\$1,630.65	
36000	Introduction Of Needle Or Intracatheter, Vein	\$0.01	
	Injection To Cause Blood Clot In A Diseased Or Bulging Vessel Of Arm Or Leg, Accessed Through The Skin	\$0.01 \$155.18	
36002			
36005	Injection Procedure For Extremity Venography (Including Introduction Of Needle Or Intracatheter)	\$285.19	
36010	Introduction Of Catheter, Superior Or Inferior Vena Cava	\$604.47	
36011	Insertion Of Catheter Into Vein, First Order Branch	\$597.41	
36012	Insertion Of Catheter Into Vein, Second Order Branch	\$610.53	
36013	Introduction Of Catheter, Right Heart Or Main Pulmonary Artery	\$783.37	
36014	Selective Catheter Placement, Left Or Right Pulmonary Artery	\$580.27	
36015	Selective Catheter Placement, Each Segmental Or Subsegmental Pulmonary Artery	\$773.33	
36100	Introduction Of Needle Or Intracatheter, Carotid Or Vertebral Artery	\$533.17	
	Insertion Of Needle Or Catheter Into An Artery Of Arm Or Leg	\$375.60	
36160	Introduction Of Needle Or Intracatheter, Aortic, Translumbar	\$555.89	
36200	Introduction Of Catheter, Aorta	\$532.04	
36215	Insertion Of Catheter Into Chest Or Arm Artery, Each First Order Branch	\$757.06	
	Insertion Of Catheter Into Chest Or Arm Artery, Initial Second Order Branch	Ψ	
136216		\$772 22	
36216		\$772.22	
36217	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch	\$1,284.65	
	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond		
36217 36218	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels,	\$1,284.65 \$197.61	
36217	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The	\$1,284.65	
36217 36218	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And	\$1,284.65 \$197.61	
36217 36218	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation	\$1,284.65 \$197.61	
36217 36218 36221	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And	\$1,284.65 \$197.61 \$1,094.42	
36217 36218 36221	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation	\$1,284.65 \$197.61 \$1,094.42	
36217 36218 36221 36222	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06	
36217 36218 36221 36222 36223	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13	
36217 36218 36221 36222	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06	
36217 36218 36221 36222 36223 36224	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06	
36217 36218 36221 36222 36223 36224 36225	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95	
36217 36218 36221 36222 36223 36224	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06	
36217 36218 36221 36222 36223 36224 36225 36226	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11	
36217 36218 36221 36222 36223 36224 36225	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95	
36217 36218 36221 36222 36223 36224 36225 36226 36227	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89	
36217 36218 36221 36222 36223 36224 36225 36226 36227	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89	
36217 36218 36221 36222 36223 36223 36224 36225 36226 36227 36228 36245	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228 36245 36246 36247	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44 \$1,577.88	
36217 36218 36221 36222 36223 36223 36224 36225 36226 36227 36228 36245 36246	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Triar Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Triar Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228 36245 36246 36247 36248	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheter Into Each Additional Abdominal, P	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44 \$1,577.88 \$83.41	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228 36245 36246 36247	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44 \$1,577.88	
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36217 36218 36221 36222 36223 36224 36225 36226 36227 36228 36245 36245 36245 36251 36253 36253 36253 36253 36254 36260 36260 36261 36262 36299 36400 36400 36406	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Placement (First-Or	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44 \$1,577.88 \$83.41 \$1,427.62 \$1,526.63 \$2,243.96 \$1,981.42 \$587.59 \$371.82 \$284.54 Price By Report \$28.49 \$24.96 \$18.29	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228 36245 36248 36248 36247 36248 36253 36253 36252 36253 36253 36254 36260 36261 36261 36262 36293	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unitateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of C	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44 \$1,577.88 \$83.41 \$1,427.62 \$1,526.63 \$2,243.96 \$1,981.42 \$587.59 \$371.82 \$28.49 Price By Report \$28.49 \$24.96	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228 36245 36245 36247 36248 36251 36252 36253 36254 36253 36254 36260 36261 36262 36299 36400 36400 36406	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Placement (First-Or	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44 \$1,577.88 \$83.41 \$1,427.62 \$1,526.63 \$2,243.96 \$1,981.42 \$587.59 \$371.82 \$284.54 Price By Report \$28.49 \$24.96 \$18.29	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228 36245 36245 36247 36248 36251 36253 36260	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation, Includes Angiography Of The Devincocreerbral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44 \$1,577.88 \$83.41 \$1,427.62 \$1,526.63 \$2,243.96 \$1,981.42 \$587.59 \$371.82 \$284.54 Price By Report \$28.49 \$18.29 \$18.29	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228 36245 36245 36245 36245 36245 36251 36252 36253 36253 36260 36261 36260 36261 36260 36261 36260 36203 36203	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Pack Propretation Selective Catheter Placement (First-Order), Main	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44 \$1,577.88 \$83.41 \$1,427.62 \$1,526.63 \$2,243.96 \$1,981.42 \$587.59 \$371.82 \$284.54 Price By Report \$28.49 \$18.29 \$18.42 \$8.57 \$18.29 \$18.42 \$8.57	
36217 36218 36221 36222 36223 36224 36225 36226 36227 36228 36245 36245 36245 36245 36253 36253 36253 36253 36260 36260 36260 36260 3629 36400 36405 36406 36410 36415	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selective Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic O	\$1,284.65 \$197.61 \$1,094.42 \$1,185.06 \$1,748.13 \$2,028.06 \$1,656.95 \$2,068.11 \$242.89 \$1,419.21 \$909.74 \$602.44 \$1,577.88 \$83.41 \$1,427.62 \$1,526.63 \$2,243.96 \$1,981.42 \$587.59 \$371.82 \$284.54 Price By Report \$28.49 \$18.42 \$18.29 \$18.29 \$18.22	

Code	Description	Fee	Prior Auth Status
36430	Transfusion, Blood Or Blood Components	\$40.58	
36440	Push Blood Transfusion, Patient 2 Years Or Younger	\$47.02	
36450	Exchange Blood Transfusion, Newborn	\$159.53	
36455	Exchange Transfusion, Blood; Other Than Newborn	\$108.51	
36456	Partial Exchange Transfusion, Newborn	\$90.96	
36460	Transfusion, Intrauterine, Fetal	\$308.76	
36465	Injection Of Chemical Agent Into Single Incompetent Vein Of Leg Using Ultrasound Guidance	\$1,468.70	PA Required
36466	Injection Of Chemical Agent Into Multiple Incompetent Veins Of Same Leg Using Ultrasound Guidance		PA Required
36468	Injection Of Chemical Agent Into Spider Veins Of Arm, Leg, Or Trunk	Price By Report	
36470	Injection Of Chemical Agent Into Single Incompetent Vein		PA Required
36471	Injection Of Chemical Agent Into Multiple Incompetent Veins Of One Leg		PA Required
36473	Mechanochemical Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance	\$1,226.76	
36474	Mechanochemical Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance, Subsequent Vein(S)	\$249.46	
36475	Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin		PA Required
36476	Radiofrequency Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance		PA Required
36478	Laser Destruction Of Incompetent Vein Of Arm Or Leg Using Imaging Guidance, Accessed Through The Skin		PA Required
36479	Laser Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance		PA Required
36481	Insertion Of Catheter Into Portal Vein Of Liver, Accessed Through The Skin	\$1,277.34	17t ttoquilou
36482	Chemical Destruction Of Incompetent Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance		PA Required
36483	Chemical Destruction of Incompetent Vein of Arm or Leg, Accessed Through The Skin Using Imaging Guidance, Subsequent Vein(S)		PA Required
36500	Venous Catheterization For Selective Organ Blood Sampling	\$140.10	r A Required
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36510	Insertion Of Catheter Into Vein Of Navel, Newborn Therapoutic Apherosis: For White Blood Colls	\$90.04	
36511	Therapeutic Apheresis; For White Blood Cells Therapeutic Apheresis; For Red Blood Cells	\$102.89	
36512		\$99.47	
36513	Therapeutic Apheresis; For Platelets Therapeutic Apheresis: For Planes Pheresis	\$97.22	
36514	Therapeutic Apheresis; For Plasma Pheresis	\$620.21	DA Decretari
36516	Mechanical Separation Of Plasma And Abnormal Antibodies From Blood		PA Required
36522	Photopheresis, Extracorporeal	\$1,365.61	
36555	Insertion Of Central Venous Catheter For Infusion, Patient Younger Than 5 Years, Not Tunneled	\$204.54	
36556	Insertion Of Central Venous Catheter For Infusion, Patient 5 Years Or Older, Not Tunneled	\$230.97	
36557	Insertion Of Central Venous Catheter For Infusion, Patient Younger Than 5 Years, Tunneled	\$922.33	
36558	Insertion Of Central Venous Catheter For Infusion, Patient 5 Years Or Older, Tunneled	\$923.74	
36560	Insertion Of Central Venous Catheter And Implanted Device For Infusion Beneath The Skin, Patient Younger Than 5 Years	\$1,159.02	
36561	Insertion Of Central Venous Catheter And Implanted Device For Infusion Beneath The Skin, Patient 5 Years Or Older	\$1,091.17	
36563	Insertion Of Tunneled Centrally Inserted Central Venous Access Device With Subcutaneous Pump	\$1,111.10	
36565	Insertion Of Central Venous Catheters For Infusion, Two Catheters In Two Veins	\$807.79	
36566	Insertion Of Central Venous Catheters, Two Catheters In Two Veins, And Implanted Devices For Infusion Beneath The Skin	\$4,346.10	
36568	Insertion Of Peripherally Inserted Central Venous Catheter For Infusion (Picc), Patient Younger Than 5 Years	\$92.03	
36569	Insertion Of Peripherally Inserted Central Venous Catheter For Infusion (Picc), Patient 5 Years Or Older	\$93.87	
36570	Insertion Of Central Venous Catheter For Infusion With Port Beneath The Skin, Patient Younger Than 5 Years	\$1,190.35	
36571	Insertion Of Central Venous Catheter For Infusion With Port Beneath The Skin, Patient 5 Years Or Older	\$1,281.64	
36572	Insertion Of Central Venous Catheter For Infusion Using Imaging Guidance, Patient Younger Than 5 Years	\$358.76	
36573	Insertion Of Central Venous Catheter For Infusion Using Imaging Guidance, Patient 5 Years Or Older	\$393.58	
36575	Repair Of Central Venous Catheter For Infusion Without A Port Or Pump	\$164.87	
36576	Repair Of Central Venous Catheter For Infusion With A Port Or Pump	\$335.14	
36578	Replacement Of Central Venous Catheter Device	\$425.85	
36580	Replacement Of Central Venous Catheter, Non-Tunneled Without Port Or Pump	\$207.45	
36581	Replacement Of Central Venous Catheter, Tunneled Without Port Or Pump	\$789.56	
36582	Replacement Of Central Venous Catheter, Tunneled With Port Or Pump	\$977.39	
36583	Replacement Of Central Venous Catheter, Non-Tunneled With Port Or Pump	\$1,150.96	
36584	Replacement Of Catheter In Peripheral Vein Accessed Through Same Vein	\$242.17	
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36585	Replacement, Complete, Of A Peripherally Inserted Central Venous Access Device, With Subcutaneous Port, Through Same Venous Access	\$1,168.61	
	Removal Of Tunneled Central Venous Catheter, Without Subcutaneous Port Or Pump	\$172.03	
36590	Removal Of Tunneled Central Venous Access Device, With Subcutaneous Port Or Pump, Central Or Peripheral Insertion	\$230.77	
36591	Collection Of Blood Specimen From A Completely Implantable Venous Access Device	\$23.12	
36592	Collection Of Blood Specimen Using Established Central Or Peripheral Catheter, Venous, Not Otherwise Specified	\$25.44	
36593	Declotting By Thrombolytic Agent Of Implanted Vascular Access Device Or Catheter	\$28.15	
36595	Mechanical Removal Of Pericatheter Obstructive Material (Eg, Fibrin Sheath) From Central Venous Device Via Separate Venous Access	\$592.54	
36596	Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device Through Device Lumen	\$109.39	
36597	Repositioning of Previously Placed Central Venous Catheter Under Fluoroscopic Guidance	\$117.79	
55501	Contrast Injection(S) For Radiologic Evaluation of Existing Central Venous Access Device, Including Fluoroscopy, Image Documentation And	ψ117.73	
36598	Report	\$119.27	
36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis	\$29.94	
36620	Insertion Of Arterial Catheter For Blood Sampling Or Infusion, Accessed Through The Skin	\$44.74	
36625	Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate Procedure); Cutdown	\$104.58	
36640	Insertion Of Catheter Into Artery For Prolonged Infusion Therapy	\$107.55	
36660	Insertion Of Catheter Into An Artery In Navel, Newborn	\$70.90	
36680	Placement Of Needle For Intraoseous Infusion	\$58.00	
36800	Insertion Of Cannula Connecting Vein To Vein	\$122.84	
36810	Insertion Of Cannula Connecting Artery To Vein	\$192.93	
36815	Repositioning Or Removal Of Cannula Connecting Artery To Vein	\$115.63	
36818	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Upper Arm, Cephalic Vein	\$664.04	
36819	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Upper Arm, Basilic Vein	\$702.44	
36820	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Forearm Vein	\$692.34	
36821	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Any Site As Separate Procedure	\$637.72	
00021	Insertion Of Arterial And Venous Cannula(S) For Isolated Extracorporeal Circulation Including Regional Chemotherapy Perfusion To An	φυσι.12	
36823	Instrument And Verticus Carinalacian in collection and the Carinalacian includes in Including Neglorian Crientonierapy Fernasion To Ari Estremity, With Or Without Hyperthermia, With Removal Of Cannula(S) And Repair Of Arteriotomy And Venotomy Sites	\$1,244.22	
36825	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Autogenous Graft	\$687.91	
55520	Creation Of Arteriovenous Fistula by Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Nonautogenous Graft (Eg,	ψοσ7.91	
36830	Biological Collagen, Thermoplastic Graft)	\$641.73	
36831	Removal Of Blood Clot From Dialysis Graft, Open Procedure	\$533.40	
36832	Revision Of Dialysis Graft, Open Procedure	\$728.39	
36833	Revision Of Dialysis Graft With Removal Of Blood Cot, Open Procedure	\$728.78	

Code	Description	Fee	Prior Auth Status
36835	Insertion Of Thomas Shunt (Separate Procedure)	\$429.64	
36836	Creation Of Opening Between Artery And Vein In Arm With Single Access To Both Blood Vessels	\$6,390.75	
36837	Creation Of Opening Between Artery And Vein In Arm With Separate Access To Each Blood Vessels	\$9,094.17	
36838	Distal Revascularization And Interval Ligation (Dril), Upper Extremity Hemodialysis Access (Steal Syndrome)	\$981.42	
36860	External Cannula Declotting (Separate Procedure); Without Balloon Catheter	\$218.68	
36861	Cannula Declotting; With Balloon Catheter	\$120.41	
36901	Insertion Of Needle And/Or Catheter Into Dialysis Circuit, With Imaging Including Radiological Supervision And Interpretation	\$608.83	
36902	Supervision And Interpretation	\$1,301.78	
36903	Supervision And Interpretation	\$4,870.31	
	Excision Of Blood Clot And/Or Infusion To Dissolve Blood Clot In Dialysis Circuit And Balloon Dilation Of Dialysis Segment, , Accessed		
36904	Through The Skin, With Imaging Including Radiological Supervision And Interpretation, Without Balloon Catheter	\$1,895.92	
	Excision Of Blood Clot And/Or Infusion To Dissolve Blood Clot In Dialysis Circuit And Balloon Dilation Of Dialysis Segment, , Accessed	_	
36905	Through The Skin, With Imaging Including Radiological Supervision And Interpretation, With Balloon Catheter	\$2,426.58	
20000	Removal Or Dissolving Of Blood Clot In Dialysis Circuit, With Balloon Dilation Of Dialysis Segment And Placement Of Stent, Accessed Through Skin, With Imaging	\$6.154.77	
36906 36907	Balloon Dilation Of Dialysis Segment, Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation	\$6,154.77 \$653.17	
36908	Danior Diation of Daniysis Segment, With Imaging Including Radiological Supervision And Interpretation	\$1,590.91	
36909	Permanent Blockage Of Dialysis Circuit, With Imaging Including Radiological Supervision And Interpretation	\$2,105.46	
37140	Connection Of Vena Cava And Portal Vein Of Liver, Open Procedure	\$2,043.98	
37145	Connection Of Renal (Kidney) Vein And Portal Vein Of Liver, Open Procedure	\$1,897.02	
37160	Connection Of Vena Cava And Abdominal Vein, Open Procedure	\$2,164.61	
37180	Connection Of Splenic (Spleen) And Renal (Kidney) Vein Near Aorta, Open Procedure	\$1,871.68	
37181	Connection of Splenic (Spleen) And Renal (Kidney) Vein, Open Procedure	\$2,043.98	
37182	Portography With Hemodynamic Evaluation, Intrahepatic Tract Formation/Dilatation, Stent Placement And All Associated	\$2,043.98	
37183	Policylaphy with removal management and the control of the control	\$5,318.25	
51 103	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Through	ψυ,υ10.20	
37184	The Skin, Initial Vessel	\$1,897.82	
	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Through	ψ.,σστ.σz	
37185	The Skin, Subsequent Vessel(S)	\$513.40	
	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Beneath	+	
37186	The Skin	\$1,320.47	
37187	Removal Of Blood Clot And Injections (Accessed Through The Skin) To Dissolve Blood Clot From Veins Using Fluoroscopic Guidance, Initial	\$1,911.89	
	Removal Of Blood Clot And Injections (Accessed Through The Skin) To Dissolve Blood Clot From Veins Using Fluoroscopic Guidance,		
37188	Subsequent	\$1,637.02	
37191	Insertion Of Vena Cava Filter By Endovascular Approach, Including Radiological Supervision And Interpretation	\$2,294.71	
37192	Repositioning Of Vena Cava Filter By Endovascular Approach, Including Radiological Supervision And Interpretation	\$1,254.40	
37193	Removal Of Vena Cava Filter By Endovascular Approach, Including Radiological Supervision And Interpretation	\$1,657.44	
37195	Thrombolysis, Cerebral, By Intravenous Infusion	\$363.55	
37197	Retrieval Of Foreign Body Of Blood Vessels, Accessed Through The Skin Including Radiological Supervision And Interpretation	\$1,735.79	
37200	Transcatheter Biopsy	\$215.92	
37211	Insertion Of Catheter Into Artery For Drug Infusion For Blood Clot Including Radiological Supervision And Interpretation	\$375.56	
27242	Transcatheter Therapy, Venous Infusion For Thrombolysis, Any Method, Including Radiological Supervision And Interpretation, Initial Treatment Day	¢220.42	
37212	Day	\$330.12	
	Transcatheter Therapy, Arterial Or Venous Infusion For Thrombolysis Other Than Coronary, Any Method, Including Radiological Supervision		
37213	And Interpretation, Continued Treatment On Subsequent Day During Course Of Thrombolytic Therapy, Including Follow-Up Catheter	\$226.77	
37214		\$118.90	
37215	Insertion Of Stents And Blood Clot Protection Device In Neck Artery, Open Or Accessed Through The Skin	\$954.09	
37216	Insertion Of Stents In Neck Artery, Open Or Accessed Through The Skin	\$1,112.02	
37217	Insertion Of Intravascular Stents In Neck Artery With Radiological Supervision And Interpretation	\$929.57	
37218	Insertion Of Stents In Blood Vessels Of Chest Open Or Accessed Through The Skin With Radiological Supervision And Interpretation	\$711.70	
37220	Balloon Dilation Of Artery In One Side Of Groin, Endovascular, Accessed Through The Skin Or Open Procedure	\$2,801.82	
37221	Insertion Of Stents In Artery In One Side Of Groin, Endovascular, Accessed Through The Skin Or Open Procedure	\$3,457.18	
37222	Balloon Dilation Of Groin Artery, Endovascular, Open, Or Percutaneous Approach	\$667.32	
	Insertion Of Stents Into Groin Artery, Endovascular, Accessed Through The Skin Or Open Procedure	\$1,426.94	
37224	Balloon Dilation Of Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$3,281.06	
37225	Removal Of Plaque In Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$9,969.23	
37226	Insertion Of Stents Into Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$9,301.36	
37227	Removal Of Plaque And Insertion Of Stents Into Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure Balloon Dilation Of Artery Of One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$12,778.54 \$4,675.74	
37228 37229	Removal Of Plaque In Artery Of One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$4,675.74 \$10,084.43	
37229	Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$10,084.43 \$10,145.55	
37230	Removal Of Plaque And Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$10,145.55 \$13,265.99	
37231	Nethodard of raique Anto insention of sterilis mito Artery in One Leg, Endovascular, Accessed Through The Sain Of Open Procedure Balloon Dilation Of Artery in One Leg, Endovascular, Accessed Through The Sain Of Open Procedure	\$13,265.99	
37233	Removal Of Plaque In Artery in One Leg. Endovascular, Accessed Through The Skin Or Open Procedure, Each Additional Vessel	\$1,125.03	
37234	Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each Additional Vessel	\$3,678.95	
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	Removal Of Plaque And Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each		
37235	Removal Of Plaque And Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each Additional Vessel	\$3,937.98	
37235		\$3,937.98	
37235 37236	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation	\$3,937.98 \$2,451.38	
37236	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid,	\$2,451.38	
37236 37237	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio	\$2,451.38 \$1,293.72	
37236	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation	\$2,451.38	
37236 37237 37238	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each	\$2,451.38 \$1,293.72 \$3,617.46	
37236 37237	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein	\$2,451.38 \$1,293.72	
37236 37237 37238 37239	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging	\$2,451.38 \$1,293.72 \$3,617.46 \$1,798.31	
37236 37237 37238	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$2,451.38 \$1,293.72 \$3,617.46	
37236 37237 37238 37239 37241	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging	\$2,451.38 \$1,293.72 \$3,617.46 \$1,798.31 \$4,005.36	
37236 37237 37238 37239	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$2,451.38 \$1,293.72 \$3,617.46 \$1,798.31	
37236 37237 37238 37239 37241 37242	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$2,451.38 \$1,293.72 \$3,617.46 \$1,798.31 \$4,005.36 \$6,764.85	
37236 37237 37238 37239 37241 37242 37243	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Tumors Or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$2,451.38 \$1,293.72 \$3,617.46 \$1,798.31 \$4,005.36 \$6,764.85 \$8,542.32	
37236 37237 37238 37239 37241 37242	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Tumors Or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$2,451.38 \$1,293.72 \$3,617.46 \$1,798.31 \$4,005.36 \$6,764.85	
37236 37237 37238 37239 37241 37242 37243 37244	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Tumors Or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$2,451.38 \$1,293.72 \$3,617.46 \$1,798.31 \$4,005.36 \$6,764.85 \$8,542.32 \$5,960.82	
37236 37237 37238 37239 37241 37242 37243	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Tumors Or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Balloon Dilation Of Artery, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation, Initial Artery	\$2,451.38 \$1,293.72 \$3,617.46 \$1,798.31 \$4,005.36 \$6,764.85 \$8,542.32	
37236 37237 37238 37239 37241 37242 37243 37244	Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Tumors Or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance Balloon Dilation Of Artery, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And	\$2,451.38 \$1,293.72 \$3,617.46 \$1,798.31 \$4,005.36 \$6,764.85 \$8,542.32 \$5,960.82	

Code	Description	Fee	Prior Auth Status
37248	Balloon Dilation Of First Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation	\$1,584.08	
	Balloon Dilation Of Additional Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And		
37249 37252	Interpretation Ultrasound Evaluation Of Blood Vessel During Diagnosis Or Treatment, Initial Vessel	\$482.32 \$1,069.31	
37253	Ultrasound Evaluation Of Blood Vessel During Diagnosis Or Treatment, Each Additional Vessel	\$178.29	
37500 37501	Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps) Unlisted Vascular Endoscopy Procedure	\$543.63 Price By Report	
37565	Ligation, Internal Jugular Vein	\$650.71	
37600 37605	Ligation; External Carotid Artery Ligation; Internal Or Common Carotid Artery	\$664.08 \$632.00	
37606	Ligation; Internal Or Common Carotid Artery, With Gradual Occlusion, As With Selverstone Or Crutchfield Clamp	\$636.81	
37607	Ligation Or Banding Of Angioaccess Arteriovenous Fistula	\$383.83	
37609 37615	Ligation Or Biopsy, Temporal Artery Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Neck	\$273.77 \$479.09	
37616	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Chest	\$803.74	
37617 37618	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Abdomen Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Extremity	\$948.35 \$385.52	
37619	Ligation Of Inferior Vena Cava	\$1,519.60	
37650 37660	Ligation Of Femoral Vein Ligation Of Common Iliac Vein	\$396.45 \$1,160.84	
37700	Tying And Incision Leg Vein, Long Saphenous Vein	\$216.48	
37718	Ligation, Division, And Stripping, Short Saphenous Vein		PA Required
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/Or		PA Required
37735	Interruption Of Communicating Veins Of Lower Leg, With Excision Of Deep Fascia		PA Required
37760 37761	Tying Of Varicose Veins In One Leg, Open Procedure, Radical Tying Of Varicose Veins In One Leg, Open Procedure, Simple		PA Required PA Required
37765	Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, 10-20 Incisions		PA Required
37766	Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, Greater Than 20 Incisions	\$514.09	PA Required
37780 37785	Tying And Incision Leg Vein, Short Saphenous Vein Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg		PA Required PA Required
37788	Penile Revascularization, Artery, With Or Without Vein Graft	\$1,146.72	. / r r toquilou
37790	Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery	\$443.03	
37799 38100	Splenectomy; Total	Price By Report \$901.11	
38101	Splenectomy, Total Partial	\$1,030.61	
38102	Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure)	\$229.61	
38115	Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy	\$1,141.95	
38120	Laparoscopy, Surgical, Splenectomy	\$1,075.41	
38129 38200	Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography	Price By Report \$120.23	
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic	\$79.95	PA Required
38206 38220	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow	\$78.96 \$166.47	PA Required
38221	Biopsy Of Bone Marrow	\$173.37	
38222 38230	Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Donor Bone Marrow For Transplantation	\$181.46 \$180.63	PA Required
38232	Harvesting Of Patient Bone Marrow For Transplantation	\$177.19	r A Required
38240	Transplantation Of Donor Stem Cells, Per Donor		PA Required
38241 38242	Transplantation Of Patient-Derived Stem Cells Transplantation Of Donor White Cells (Lymphocytes)		PA Required PA Required
38243	Transplantation Of Donor Stem Cells	\$115.16	. / / / toquilou
38300	Simple Drainage Of Lymph Node Abscess Or Inflammation Extensive Drainage Of Lymph Node Abscess Or Inflammation	\$299.94	
38305 38308	Incision Or Other Operation On Lymphatic Channels	\$447.14 \$417.45	
38380	Suture And/Or Tying Chest Lymph Duct, Cervical	\$522.13	
38381 38382	Suture And/Or Tying Chest Lymph Duct, Thoracic Suture And/Or Tying Chest Lymph Duct, Abdominal	\$706.06 \$609.29	
38500	Biopsy Or Removal Of Lymph Nodes, Open Procedure	\$229.01	
38505	Biopsy Or Excision Of Lymph Node; By Needle, Superficial (Eg, Cervical, Inguinal, Axillary)	\$125.63	
38510 38520	Biopsy Or Removal Of Lymph Nodes Of Neck, Open Procedure Biopsy Or Removal Of Lymph Nodes Of Neck, Open Procedure With Removal Of Fat Pad	\$359.44 \$421.87	
38525	Biopsy Or Removal Of Lymph Nodes Of Under The Arm, Open Procedure	\$321.99	
38530 38531	Biopsy Or Removal Of Breast Lymph Nodes, Open Procedure Open Biopsy Or Excision Of Lymph Nodes In Groin	\$509.08 \$446.13	
38542	Dissection; Deep Cervical Node Deep Jugular Node	\$477.96	
38550	Removal Of Congenital Defect Of Lymph Nodes At Underarm Or Neck Without Deep Dissection Removal Of Congenital Defect Of Lymph Nodes At Underarm Or Neck With Deep	\$473.36	
38555 38562	Removal Of Congenital Defect Of Lymph Nodes At Underarm Of Neck With Deep Limited Lymphadenectomy For Staging (Separate Procedure); Pelvic	\$918.87 \$642.39	
38564	Limited Lymphadenectomy For Staging (Separate Procedure); Retroperitoneal (Aortic And/Or Splenic)	\$632.72	
38570 38571	Laparoscopy, Surgical; With Retroperitoneal Lymph Node Sampling (Biopsy), Single Or Multiple Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy	\$518.89 \$669.35	
38571	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy And Peri-Aortic Lymph Node Sampling (Biopsy), Single Or Multiple	\$914.72	
38573	Removal Of All Lymph Nodes Of Both Sides Of Pelvis Using An Endoscope	\$1,179.14	
38589 38700	Unlisted Laparoscopy Procedure, Lymphatic System Suprahyoid Lymphadenectomy	Price By Report \$723.96	
38720	Cervical Lymphadenectomy (Complete)	\$1,219.28	
38724 38740	Removal Of Lymph Nodes, Muscle, And Tissue Of Neck Axillary Lymphadenectomy; Superficial	\$1,162.73 \$627.87	
38740	Axiliary Lymphadenectomy; Superiicial Axillary Lymphadenectomy; Complete	\$627.87 \$786.61	
38746	Procedure)	\$205.66	
38747	Abdominal Lymphadenectomy, Regional, Including Celiac, Gastric, Portal, Peripancreatic, With Or Without Para-Aortic And Vena Caval Nodes (List Separately In Addition To Code For Primary Procedure)	\$258.93	
	()	7200.00	

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	Description	Fee	Prior Auth Status
38760	Removal Of Lymph Nodes At Groin	\$750.82	
38765	Removal Of Lymph Nodes At Groin And Pelvis, Superficial	\$1,174.50	
38770	Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes (Separate Procedure)	\$729.55	
38780	Retroperitoneal Lymphadenectomy, Extensive, Including Pelvic, Aortic, And Renal Nodes (Separate Procedure)	\$938.63	
38790	Injection Procedure; Lymphangiography Injection Procedure; Radioactive Tracer For Identification Of Sentinel Node	\$73.56	
38792 38794	Injection Protecting, Nationalities Tracket for Identification of Sentine Mode Cannulation, Thoracic Duct	\$57.59 \$272.59	
307 94	Cernination, Trinibate Determination (Eq. Mapping) Of Sentinel Lymph Node(S), Includes Injection Of Non-Radioactive Dye, When Performed (List	\$212.39	
38900	Separately In Addition To Code For Primary Procedure)	\$134.01	
38999	Unlisted Procedure, Hemic Or Lymphatic System	Price By Report	
39000	Drainage, Biopsy, Or Removal Of Foreign Body Of Chest Cavity, Cervical	\$447.99	
39010	Drainage, Biopsy, Or Removal Of Foreign Body Of Chest Cavity, Transthoracic, With Sternotomy	\$771.49	
39200	Resection Of Mediastinal Cyst	\$761.06	
39220	Resection Of Mediastinal Tumor	\$999.89	
39401	Examination Of Chest Using An Endoscope With Biopsy	\$268.41	
39402	Examination Of Chest Using An Endoscope With Lymph Node Biopsy	\$389.16	
39499	Unlisted Procedure, Mediastinum	Price By Report	
39501	Repair, Laceration Of Diaphragm, Any Approach	\$843.79	
39503	Repair Of Congenital Defect Of Muscle Separating The Chest And Abdominal Cavities, Neonate	\$5,591.45	
39540	Repair Of Injury To Muscle Separating The Chest And Abdominal Cavities, Acute	\$763.64	
39541	Repair Of Injury To Muscle Separating The Chest And Abdominal Cavities, Chronic	\$832.13	
39545	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic	\$862.39	
39560	Resection, Diaphragm; With Simple Repair (Eg, Primary Suture)	\$831.78	
39561	Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap)	\$1,105.91	
39599	Unlisted Procedure, Diaphragm	Price By Report	
40490	Biopsy Lip	\$85.82	
	Vermilionectomy (Lip Shave), With Mucosal Advancement	\$499.97	
	Excision Lip; Transverse Wedge Excision With Primary Closure	\$465.86	
40520	Excision Lip; V-Excision With Primary Direct Linear Closure	\$477.23	
40525	Removal Of Lip With Local Skin Flap Repair	\$508.84	
40527	Removal Of Lip With Cross Skin Flap Repair	\$578.89	
40530	Resection Lip, More Than One-Fourth, Without Reconstruction	\$528.76	
40650	Repair Lip, Full Thickness; Vermilion Only	\$334.15	
40652	Repair Lip, Full Thickness; Up To Half Vertical Height	\$445.35	
40654 40700	Repair Lip, Full Thickness; Over One Half Vertical Height, Or Complex Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral	\$551.30 \$1,020.17	
40700	Plastic Repair Of Clerk Liphyasar Deformity, Printary, Parital Of Complete, Unitateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage	\$1,020.17	
40701	Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, More Than One Stage	\$1,010.85	
40720	Plastic Repair Of Nasal And Lip Deformity Present At Birth, Without A Flap	\$962.17	
40761	Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap	\$980.75	
40799	Unlisted Procedure, Lips	Price By Report	
40800	Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Uncomplicated	\$144.65	
40801	Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Complicated	\$260.30	
40804	Removal Of Embedded Foreign Body Of Mouth, Simple	\$180.47	
40805	Removal Of Embedded Foreign Body Of Mouth, Complicated	\$215.21	
40806	Incision Of Labial Frenum (Frenotomy)	\$70.84	
	Biopsy, Vestibule Of Mouth	\$119.39	
	Excision Of Lesion Of Mucosa And Submucosa; Without Repair	\$153.23	
40812	Excision Of Lesion Of Mucosa And Submucosa; With Simple Repair	\$201.37	
40814	Excision Of Lesion Of Mucosa And Submucosa; With Complex Repair	\$270.26	
40816	Excision Of Lesion Of Mucosa, Submucosa, And Underlying Muscle	\$382.16	
	Excision Of Mucosa As Donor Graft	\$352.45	
40819	Excision Of Frenum, Labial Or Buccal (Frenumectomy, Frenulectomy, Frenectomy)	\$289.02	
40820	Destruction Of Lesion Or Scar By Physical Methods (Eg, Thermal, Cryo, Chemical)	\$187.58	
	Closure Of Laceration; Up To 2 Cm	\$225.54	
	Closure Of Laceration; Over 2 Cm Or Complex Repair To Increase Depth Of Mouth, Front Portion	\$218.35	
40840 40842	Vestibuloplasty; Posterior, Unilateral	\$816.11 \$872.94	
40842	Vestibuloplasty; Posterior, Onliateral	\$872.94 \$1,120.35	
40843	Repair To Increase Depth Of Mouth, Entire Arch	\$1,120.35	
40845	Repair To Increase Depth Of Mouth, Complex	\$1,389.56	
40899	Unlisted Inner Mouth Procedure	Price By Report	
41000	Drainage Of Abscess, Cyst, Or Blood Accumulation Of Tongue	\$144.51	
	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Superficial From Within The Mouth	\$217.21	
41006	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Deep From Within The Mouth	\$253.92	
41007	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Lip From Within The Mouth	\$314.08	
41008	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Jaw Bone	\$371.79	
41009	Drainage Of Abscess, Cyst, Or Blood Accumulation Under Lower Teeth	\$295.59	
41010	Incision Of Lingual Frenum (Frenotomy)	\$197.45	
	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Superficial From Outside Of The Mouth	\$381.03	
	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Lip From Outside Of The Mouth	\$451.93	
41017	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Jaw Bone	\$445.61	
	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Teeth	\$497.22	
41019	Insertion Of Needles, Catheters, Or Devices Into Head And/Or Neck For Radiation Delivery	\$450.50 \$168.04	
	Biopsy Of Tongue, Front Two Thirds Biopsy Of Tongue, Back On Third	\$168.94 \$170.73	
	Biopsy Or Tongue, Back On Third Biopsy, Floor Of Mouth	\$179.73 \$152.24	
	Biopsy, Floor Or Mouth Removal Of Growth Of Tongue Without Suturing	\$152.24 \$162.42	
41110	Removal Of Growth Of Tongue Without Saturing Removal Of Growth Of Tongue With Suturing, Front Two-Thirds	\$162.42 \$237.86	
41112	Removal Of Growth Of Tongue With Suturing, Front Two-Thirds Removal Of Growth Of Tongue With Suturing, Back One-Third	\$237.86 \$348.46	
41113	Removal Of Growth Of Tongue With Social Tissue Flap	\$348.46 \$568.66	
	Excision Of Lingual Frenum (Frenectomy)	\$185.55	
	Excision Lesion Of Floor Of Mouth	\$301.74	
41120	Removal Of Less Than Half Of Tongue	\$941.15	
41130	Glossectomy; Hemiglossectomy	\$1,230.42	
	Glossectoriny, Partial, With Unilateral Radical Neck Dissection	\$2,006.48	
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Code	Description Glossectomy; Complete Or Total, With Or Without Tracheostomy, Without Radical Neck Dissection	Fee	Prior Auth Status
41140 41145	Glossectomy, Complete Or Total, With Or Without Tracheostomy, With Unilateral Radical Neck Dissection	\$2,032.04 \$2,557.38	
41150	Removal Of Tongue, Floor Of Mouth, And Jaw Bone	\$2,041.25	
41153	Removal Of Tongue, Floor Of Mouth, Soft Tissue, And Lymph Nodes	\$2,217.42	
41155	Removal Of Tongue, Floor Of Mouth, Jaw Bone, Tissue, And Lymph Nodes	\$2,767.67	
41250	Repair Of (2.5 Centimeter Or Less) Laceration To Floor Of Mouth And/Or Tongue	\$198.78	
41251	Repair Of Laceration (2.5 Centimeter Or Less) Of Back Third Of Tongue	\$296.40	
41252 41510	Repair Of Laceration (More Than 2.5 Centimeter Or Complex) Of Tongue Or Floor Of Mouth Suture Of Tongue To Lip To Enlarge Mouth	\$228.64 \$435.06	
41512	Dermanent Suture Suspension Of Tongue Base	\$644.49	
41520	Repair Of Tissue Connecting Tongue To Floor Of Mouth	\$326.31	
41530	Destruction Of Tongue Tissue, Per Session	\$916.78	
41599	Unlisted Procedure, Tongue, Floor Of Mouth	Price By Report	
41800	Drainage Of Abscess, Cyst, Or Blood Accumulation Of Dental Bone	\$207.20	
41805	Removal Embedded Foreign Body; From Soft Tissues Removal Embedded Foreign Body; From Bone	\$306.15	
41806 41820	Gingivectomy, Excision Gingiva, Each Quadrant	\$400.50 \$225.36	
41821	Operculectomy, Excision Pericoronal Tissues	\$127.51	
41822	Excision Of Fibrous Tuberosities, Dentoalveolar Structures	\$337.68	
41823	Excision Of Osseous Tuberosities, Dentoalveolar Structures	\$501.86	
41825	Excision Of Lesion Or Tumor (Except Listed Above), Dentoalveolar Structures Without Repair	\$212.52	
41826	Removal Of Growth Of Dental Bone With Repair, Simple	\$215.20	
41827	Removal Of Growth Of Dental Bone With Repair, Complex	\$416.92	
41828	Excision Of Hyperplastic Alveolar Mucosa, Each Quadrant (Specify)	\$332.19	
41830	Alveolectomy, Including Curettage Of Osteitis Or Sequestrectomy	\$445.90	
41850	Destruction Of Tissue Abnormality Of Structure Supporting Teeth Periodontal Mucosal Grafting	\$56.34 \$159.04	
41870 41872	Reshaping Of Gum	\$159.04 \$447.20	
41872	Reshaping Of Tooth Socket	\$447.20 \$371.22	
41899	Unlisted Procedure, Dentoalveolar Structures	Price By Report	
42000	Drainage Of Abscess Of Palate, Uvula	\$112.85	
42100	Biopsy Of Palate, Uvula	\$102.70	
42104	Removal Of Growth Of Roof Of Mouth Without Suturing	\$152.20	
42106	Removal Of Growth Of Roof Of Mouth, With Simple Suturing	\$247.66	
42107	Removal Of Growth Of Roof Of Mouth, With A Local Tissue Flap	\$437.59	
42120	Resection Palate Or Extensive Resection Of Lesion	\$945.43	
42140	Removal Of Soft Tissue At Roof Of Mouth, Simple Removal Of Soft Tissue At Roof Of Mouth, Complex	\$221.43	
42145 42160	Destruction Of Lesion, Palate Or Uvula (Thermal, Cryo Or Chemical)	\$705.67 \$223.46	
42180	Repair Laceration Of Palate; UP To 2 Cm	\$243.36	
42182	Repair Laceration Of Palate; Over 2 Cm Or Complex	\$312.46	
42200	Repair Of Defect Of Roof Of Mouth Of Soft And Hard Plate	\$944.92	
42205	Repair Of Defect Of Roof Of Mouth, Alveolar Ridge, Soft Tissue	\$882.57	
42210	Repair Of Defect Of Roof Of Mouth, Alveolar Ridge, With Graft	\$1,095.82	
42215	Repair Of Defect Of Roof Of Mouth, Major Revision	\$718.70	
42220	Lengthening Of Roof Of Mouth And Repair Of Cleft Palate Repair Of Defect Of Roof Of Mouth With Flap From The Pharynx	\$533.75	
42225 42226	Lengthening Of Roof Of Mouth With A Pharynx Flap	\$1,026.06 \$852.24	
42227	Lengthening Of Palate, With Island Flap	\$793.57	
42235	Lengthening Of Roof Of Mouth With Flap From The Lower Interior Nasal Septal Area	\$700.46	
42260	Repair Nasolabial Fistula	\$808.08	
42280	Maxillary Impression For Palatal Prosthesis	\$170.67	
42281	Insertion Of Pin-Retained Palatal Prosthesis	\$216.47	
42299	Unlisted Roof Of The Mouth Procedure	Price By Report	
42300 42305	Drainage Of Abscess Of Salivary Gland, Uncomplicated Drainage Of Abscess Of Salivary Gland, Complicated	\$193.53 \$393.71	
42310	Drainage Of Lower Jaw Abscess From Within The Mouth	\$164.14	
42320	Drainage Of Lower Jaw Abscess From Outside Of The Mouth	\$249.46	
42330	Removal Of Salivary Gland Stone (Parotid) Uncomplicated Inside The Mouth	\$209.50	
42335	Removal Of Salivary Gland (Submaxillary) Or Stone, Complicated Inside The Mouth	\$304.48	
42340	Removal Of Salivary Gland (Parotid) Stone, Complicated	\$509.15	
42400	Biopsy Salivary Gland; Needle	\$94.55	
42405 42408	Biopsy Of Salivary Gland By Incision Excision Sublingual Salivary Cyst (Ranula)	\$209.91 \$385.37	
42408	Marsupialization Sublingual Salivary Cyst (Ranula)	\$385.37 \$279.36	
42410	Removal Of Salivary Gland Growth Or Salivary Gland, Lateral Lobe	\$548.85	
42415	Excision Parotid Tumor Or Parotid Gland; Lateral Lobe, With Dissection And Preservation Of Facial Nerve	\$970.21	
42420	Excision Parotid Tumor Or Parotid Gland; Total, With Dissection And Preservation Of Facial Nerve	\$1,086.35	
42425	Excision Parotid Tumor Or Parotid Gland; Total, En Bloc Removal With Sacrifice Of Facial Nerve	\$769.71	
42426	Excision Parotid Tumor Or Parotid Gland; Total, With Unilateral Radical Neck Dissection	\$1,232.34	
42440	Excision Submandibular (Submaxillary) Gland	\$425.82	
42450	Excision Sublingual Gland Plastic Repair Of Salivary Duct, Simple	\$328.14 \$427.04	
42500 42505	Plastic Repair Of Salivary Duct, Simple Plastic Repair Of Salivary Duct, Complicated	\$427.04 \$542.18	
42507	Parotid Duct Diversion, Bilateral (Wilke Type Procedure);	\$462.71	
42509	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Excision Of Both Submandibular Glands	\$760.21	
42510	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts	\$566.07	
42550	Injection Procedure For Sialography	\$153.86	
42600	Closure Salivary Fistula	\$520.73	
42650	Dilation Salivary Duct	\$51.77	
42660	Dilation And Catheterization Of Salivary Duct, With Or Without Injection	\$101.34	
42665 42699	Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts	\$362.63 Price By Report	
42699	Incision And Drainage Abscess; Peritonsillar	\$189.01	
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	Description	Fee	Prior Auth Status
42720	Drainage Of Throat Abscess, Through The Mouth	\$306.46	
42725	Drainage Of Throat Abscess, From Outside The Mouth	\$538.60	
42800	Biopsy; Oropharynx	\$150.41	
42804	Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex	\$207.65 \$230.55	
42806 42808	Excision Or Destruction Of Lesion Of Pharynx, Any Method	\$230.55	
42809	Removal Of Foreign Body From Pharynx	\$181.94	
42810	Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues	\$271.70	
42815	Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues	\$558.05	
42820	Tonsillectomy And Adenoidectomy; Under Age 12	\$298.62	
42821	Tonsillectomy And Adenoidectomy; Age 12 Or Over	\$312.20	
42825	Tonsillectomy, Primary Or Secondary; Under Age 12	\$276.64	
42826	Tonsillectomy, Primary Or Secondary; Age 12 Or Over	\$262.84	
42830	Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure	\$218.94	
42831	Removal Of Adenoids Patient Age 12 Or Over, Initial Procedure	\$236.13	
42835	Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure	\$166.87	
42836	Removal Of Adenoids Patient Age 12 Or Over, Secondary Procedure	\$226.72	
42842	Removal Of Tonsils, Tissue, Muscle, And Bone, Without Closure	\$947.89	
42844	Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Local Flap	\$1,285.55	
42845	Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Other Flap	\$2,043.37	
42860	Excision Of Tonsil Tags	\$179.69	
42870	Excision Or Destruction Lingual Tonsil, Any Method (Separate Procedure)	\$411.79	
42890	Limited Pharyngectomy	\$1,321.14	
42892	Partial Removal Of Wall Of Throat (Pharynx) With Suture Repair	\$1,739.31	
42894	Removal Of Throat Tissue	\$2,193.59	
42900	Suture Pharynx For Wound Or Injury	\$304.47	
42950	Pharyngoplasty (Plastic Or Reconstructive Operation On Pharynx)	\$732.14	
42953	Pharyngoesophageal Repair Pharyngoesophageal Repair	\$905.52	
42955	Pharyngostomy (Fistulization Of Pharynx, External For Feeding) Control Of Planding Of Theat Honorpolicated	\$718.44	
42960	Control Of Bleeding Of Throat, Uncomplicated	\$140.74	
42961	Control Oropharyngeal Hemorrhage (Primary Or Secondary, Eg, Posttonsillectomy); Complicated, Requiring Hospitalization Control Of Bleeding Of Throat, Complicated	\$369.29 \$527.24	
42962	Control Of Bleeding Of Throat With Insertion Of Packing, Uncomplicated	\$527.34	
42970 42971	Control Of Nasopharyngeal Hemorrhage (Primary Or Secondary, Eg, Postadenoidectomy); Complicated, Requiring Hospitalization	\$361.67 \$419.57	
42972	Control of Bleeding of Throat With Insertion Of Packing, Complicated	\$470.67	
42975	Evaluation of Sleep-Disordered Breathing By Examination of Upper Airway Using An Endoscope	\$82.96	
42999	Throat, Adenoids, Or Tonsils Procedure	Price By Report	
43020	Removal Of Foreign Body In Esophagus, Cervical Approach	\$509.12	
43030	Incision Of Muscle At Upper Esophagus (Cricopharyngeal Muscle)	\$481.27	
43045	Removal Of Foreign Body In Esophagus, With Removal Of Foreign Body	\$1,146.92	
43100	Removal Of Growth Of Esophagus, Cervical Approach	\$585.99	
43101	Removal Of Growth Of Esophagus, Thoracic Or Abdominal Approach	\$885.23	
43107	Removal Of Esophagus, Without Open Chest Procedure	\$2,599.55	
43108	Removal Of Esophagus, Without Open Chest Procedure, Including Intestine Repair	\$3,849.08	
43112	Removal Of Esophagus, Open Chest Procedure	\$3,021.09	
43113	Removal Of Esophagus, Open Chest Procedure, Including Intestine Repair	\$3,765.93	
40440	Partial Esophagectomy, Cervical, With Free Intestinal Graft, Including Microvascular Anastomosis, Obtaining The Graft And Intestinal	\$4.004.E7	
43116	Reconstruction Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abdominal Incision, With Or Without Proximal Gastrectomy; With	\$4,301.57	
43117	Thoracic Esophagogastrostomy, With Or Without Pyloroplasty (Ivor Lewis)	\$2,837.14	
43118	Partial Removal Of Lower Esophagus, Open Chest And Abdominal Procedure	\$3,142.45	
43121	Partial Removal Of Lower Esophagus, Open Chest Procedure	\$2,485.09	
43122	Partial Removal Of Lower Esophagus, Open Chest And Abdominal Procedure Or Open Abdominal Procedure	\$2,491.89	
	Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or Without Proximal Gastrectomy; With Colon Interposition Or Small	* ,	
43123	Intestine Reconstruction, Including Intestine Mobilization, Preparation, And Anastomosis(Es)	\$3,903.19	
	Total Or Partial Esophagectomy, Without Reconstruction (Any Approach), With Cervical Esophagostomy	\$3,307.04	
43130	Removal Of Defect In Wall Of Esophagus, Cervical Approach	\$722.10	
43135	Removal Of Defect In Wall Of Esophagus, Thoracic Approach	\$1,282.44	
43180	Removal Of Esophagus Tissue Using An Endoscope	\$500.41	
43191	Diagnostic Examination Of Esophagus Using An Rigid Endoscope Through The Mouth	\$106.80	
43192	Injections Of Substance In Tissue Lining Of Esophagus Using An Endoscope	\$154.32	
43193	Biopsy Of Esophagus Using A Rigid Endoscope Through The Mouth	\$153.99	
43194	Removal Of Foreign Bodies Of Esophagus Using An Endoscope	\$136.07	
43195	Balloon Dilation Of Esophagus Using A Rigid Endoscope	\$167.74	
43196	Insertion Of Wire And Dilation Of Esophagus Using An Endoscope	\$178.42	
43197	Diagnostic Examination Of Esophagus Using An Flexible Endoscope Through The Nose	\$171.51	
43198 43200	Biopsy Of Esophagus Using A Flexible Endoscope Through The Nose Diagnostic Examination Of Esophagus Using An Flexible Endoscope Through The Mouth	\$203.96 \$200.41	
	IDIQUIDONO EXCINITATION OF ESOPTIANO COMO ALL REXIDIR ENGOSCODE THOUGH THE MOUTH	s200.41	
43201	Injections Into Esophagus Using An Endoscope	\$254.65	
43201 43202	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth	\$254.65 \$261.88	
43201 43202 43204	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope	\$254.65 \$261.88 \$123.51	
43201 43202 43204 43205	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope	\$254.65 \$261.88 \$123.51 \$128.75	
43201 43202 43204	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope	\$254.65 \$261.88 \$123.51	
43201 43202 43204 43205 43206	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84	
43201 43202 43204 43205	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An	\$254.65 \$261.88 \$123.51 \$128.75	
43201 43202 43204 43205 43206 43210	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84 \$386.27	
43201 43202 43204 43205 43206 43210 43211	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope Removal Of Tissue Lining Of Esophagus Using An Endoscope Placement Of Stent On Esophagus Using An Endoscope Dilation Of Esophagus Using An Endoscope	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84 \$386.27 \$214.40	
43201 43202 43204 43205 43206 43210 43211 43212	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope Removal Of Tissue Lining Of Esophagus Using An Endoscope Placement Of Stent On Esophagus Using An Endoscope Dilation Of Esophagus Using An Endoscope Balloon Dilation Of Esophagus Using A Flexible Endoscope, Large Size	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84 \$386.27 \$214.40 \$169.32	
43201 43202 43204 43205 43206 43210 43211 43212 43213 43214 43215	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope Removal Of Tissue Lining Of Esophagus Using An Endoscope Placement Of Stent On Esophagus Using An Endoscope Dilation Of Esophagus Using An Endoscope Balloon Dilation Of Esophagus Using A Flexible Endoscope, Large Size Removal Of Foreign Bodies In Esophagus Using An Endoscope	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84 \$386.27 \$214.40 \$169.32 \$1,248.26 \$175.37 \$294.87	
43201 43202 43204 43205 43206 43210 43211 43212 43213 43214 43215 43216	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope Removal Of Tissue Lining Of Esophagus Using An Endoscope Placement Of Stent On Esophagus Using An Endoscope Dilation Of Esophagus Using An Endoscope Balloon Dilation Of Esophagus Using An Endoscope Balloon Dilation Of Esophagus Using An Endoscope Removal Of Foreign Bodies In Esophagus Using An Endoscope Removal Of Esophageal Polyps Or Growths Using An Endoscope With Electrical Cautery	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84 \$386.27 \$214.40 \$169.32 \$1,248.26 \$175.37 \$294.87 \$409.99	
43201 43202 43204 43205 43206 43210 43211 43212 43213 43214 43215 43216 43217	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope Removal Of Tissue Lining Of Esophagus Using An Endoscope Placement Of Stent On Esophagus Using An Endoscope Dilation Of Esophagus Using An Endoscope Dilation Of Esophagus Using An Endoscope Balloon Dilation Of Esophagus Using A Flexible Endoscope, Large Size Removal Of Foreign Bodies In Esophagus Using An Endoscope Removal Of Esophageal Polyps Or Growths Using An Endoscope With Electrical Cautery Removal Of Esophageal Polyps Or Growths Using An Endoscope With Mechanical Snare	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84 \$386.27 \$214.40 \$169.32 \$1,248.26 \$175.37 \$294.87 \$409.99	
43201 43202 43204 43205 43206 43210 43211 43212 43213 43214 43215 43216 43217 43220	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope Removal Of Tissue Lining Of Esophagus Using An Endoscope Placement Of Stent On Esophagus Using An Endoscope Dilation Of Esophagus Using An Endoscope Balloon Dilation Of Esophagus Using A Flexible Endoscope, Large Size Removal Of Foreign Bodies In Esophagus Using An Endoscope Removal Of Esophageal Polyps Or Growths Using An Endoscope With Electrical Cautery Removal Of Esophageal Polyps Or Growths Using An Endoscope With Mechanical Snare Balloon Dilation Of Esophagus Using A Flexible Endoscope	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84 \$386.27 \$214.40 \$169.32 \$1,248.26 \$175.37 \$294.87 \$409.99 \$417.21 \$674.30	
43201 43202 43204 43205 43206 43210 43211 43212 43213 43214 43215 43216 43217 43220 43220 43226	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope Removal Of Tissue Lining Of Esophagus Using An Endoscope Placement Of Stent On Esophagus Using An Endoscope Dilation Of Esophagus Using An Endoscope Balloon Dilation Of Esophagus Using A Flexible Endoscope, Large Size Removal Of Foreign Bodies In Esophagus Using An Endoscope Removal Of Esophageal Polyps Or Growths Using An Endoscope With Electrical Cautery Removal Of Esophageal Polyps Or Growths Using An Endoscope With Mechanical Snare Balloon Dilation Of Esophagus Using A Flexible Endoscope Insertion Of Guide Wire For Dilation Of Esophagus Using A Flexible Endoscope Insertion Of Guide Wire For Dilation Of Esophagus Using A Flexible Endoscope Insertion Of Guide Wire For Dilation Of Esophagus Using A Flexible Endoscope	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84 \$386.27 \$214.40 \$169.32 \$1,248.26 \$175.37 \$294.87 \$409.99 \$417.21 \$674.30	
43201 43202 43204 43205 43206 43210 43211 43212 43213 43214 43215 43216 43217 43220	Injections Into Esophagus Using An Endoscope Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth Injection Of Dilated Esophageal Veins Using An Endoscope Tying Of Esophageal Veins Using An Endoscope Microscopic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus Using An Endoscope Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope Removal Of Tissue Lining Of Esophagus Using An Endoscope Placement Of Stent On Esophagus Using An Endoscope Dilation Of Esophagus Using An Endoscope Balloon Dilation Of Esophagus Using A Flexible Endoscope, Large Size Removal Of Foreign Bodies In Esophagus Using An Endoscope Removal Of Esophageal Polyps Or Growths Using An Endoscope With Electrical Cautery Removal Of Esophageal Polyps Or Growths Using An Endoscope With Mechanical Snare Balloon Dilation Of Esophagus Using A Flexible Endoscope	\$254.65 \$261.88 \$123.51 \$128.75 \$296.84 \$386.27 \$214.40 \$169.32 \$1,248.26 \$175.37 \$294.87 \$409.99 \$417.21 \$674.30	

Code	Description	Fee	Prior Auth Status
43231	Ultrasound Examination Of Esophagus Using An Endoscope	\$145.55	
43232 43233	Ultrasound Guided Fine Needle Aspiration Or Biopsy Of Esophagus Using An Endoscope Balloon Dilation Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$182.33 \$193.92	
43235	Diagnostic Examination of Esophagus, Stomach, And/or Upper Grillan Bowel Using An Endoscope	\$337.21	
43236	Injections Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$379.98	
43237	Ultrasound Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$198.95	
43238	Ultrasound Guided Needle Aspiration Or Biopsies Of Esophagus Using An Endoscope	\$235.92	
43239	Biopsy Of The Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$376.26	
43240	Drainage Of Cyst Of The Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$357.58	
43241	Insertion Of Catheter Or Tube In Esophagus Stomach And/Or Upper Small Bowel Using An Endoscope	\$144.17	
43242 43243	Ultrasound Guided Needle Aspiration Or Biopsy Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope Injection Of Dilated Veins Of Stomach And/Or Esophagus Using An Endoscope	\$267.09 \$215.95	
43244	Tying Of Dilated Veins Of Stomach And/Or Esophagus Using An Endoscope	\$249.02	
43245	Dilation Of Stomach Outlet Using An Endoscope	\$437.25	
43246	Insertion Of Stomach Tube Using An Endoscope	\$200.96	
43247	Removal Of Foreign Bodies Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$316.21	
43248	Insertion Of Guide Wire With Dilation Of Esophagus Using An Endoscope	\$299.65	
43249	Balloon Dilation Of Esophagus, Stomach And Upper Small Bowel Using A Flexible Endoscope	\$813.03	
43250	Removal Of Polyps Or Growths Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope With Electrical Cautery	\$447.89	
43251	Removal Of Polyps Or Growths Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope Using A Mechanical Snare	\$371.67	
43252	Microscopic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope Injection Of Diagnostic Or Therapeutic Substances Or Markers In Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$330.56	
43253	Removal Of Tissue Lining Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$225.06 \$247.05	
43254 43255	Control Of Bleeding Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$247.05 \$506.18	
43255	Heat Delivery To Muscle At Esophagus And/Or Stomach To Treat Gastric Reflux Using An Endoscope	\$211.73	
43257	Ultrasound Examination Of Esophagus, Stomach And/Or Upper Small Bowel Using An Endoscope	\$229.49	
43260	Diagnostic Examination Of Gallbladder And Pancreatic, Liver, And Bile Ducts Using An Endoscope, Including Collection Of Specimen(S)	\$327.23	
43261	Biopsy of Callbladder, Pancreatic, Liver, And Bile Ducts Using A Flexible Endoscope Via Mouth	\$343.47	
43262	Incision Of Pancreatic Outlet Using A Flexible Endoscope Via Mouth	\$362.75	
43263	Pressure Measurement Of Pancreatic Or Bile Duct Sphincter Using A Flexible Endoscope Via Mouth	\$326.48	
43264	Removal Of Stone Or Debris From Bile Or Pancreatic Duct Using A Flexible Endoscope Via Mouth	\$369.30	
43265	Destruction Of Stone In Bile Or Pancreatic Duct Using A Flexible Endoscope Via Mouth	\$439.99	
43266	Placement Of Stent In Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$192.76	
43270	Destruction Of Growths On Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$624.53	
40070	Endoscopic Cannulation Of Papilla With Direct Visualization Of Common Bile Duct(S) And/Or Pancreatic Duct(S) (List Separately In Addition	¢420.00	
43273 43274	To Code(S) For Primary Procedure) Insertion Of Stent Into Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth	\$120.89 \$399.64	
43275	Removal Of Stent From Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth	\$381.66	
43276	Replacement Of Stent In Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth	\$415.83	
43277	Balloon Dilation Of Pancreatic Or Bile Duct Or Sphincter Using A Flexible Endoscope Via Mouth	\$331.68	
43278	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Gallbladder And/Or Bile Ducts Using A Flexible Endoscope Via Mouth	\$395.35	
43279	Laparoscopy, Surgical, Esophagomyotomy (Heller Type), With Fundoplasty, When Performed	\$1,134.81	
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty (Eq. Nissen, Toupet Procedures)	\$1,062.39	
10200	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Ψ1,002.00	
43281	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh	\$1,508.81	
	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh		
43281 43282	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To	\$1,508.81 \$1,695.16	
43281 43282 43283	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure)	\$1,508.81 \$1,695.16 \$137.46	
43281 43282 43283 43284	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth	\$1,508.81 \$1,695.16 \$137.46 \$582.93	
43281 43282 43283	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure)	\$1,508.81 \$1,695.16 \$137.46	
43281 43282 43283 43284 43285	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55	
43281 43282 43283 43284 43285 43286	Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89	
43281 43282 43283 43284 43285 43286 43287 43288 43289	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report	
43281 43282 43283 43284 43285 43286 43287 43288 43289 43290	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report	
43281 43282 43283 43284 43285 43286 43287 43288 43289 43290 43291	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73	
43281 43282 43283 43284 43285 43286 43287 43288 43289 43290 43291 43300	Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26	
43281 43282 43283 43284 43285 43286 43287 43288 43289 43290 43291 43300 43305	Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophagual Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72	
43281 43282 43283 43284 43285 43286 43287 43288 43289 43290 43291 43300 43305 43310	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72	
43281 43282 43283 43284 43285 43286 43287 43288 43289 43290 43291 43300 43305 43310 43312	Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophagual Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69	
43281 43282 43283 43284 43285 43286 43287 43288 43289 43290 43291 43300 43305 43310	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Chaptroach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Thoracic Approach	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72	
43281 43282 43283 43284 43285 43286 43287 43288 43290 43291 43300 43310 43312 43313	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Tracheoesophageal Fistula	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69	
43281 43282 43283 43284 43285 43286 43287 43288 43290 43291 43300 43305 43310 43312 43313 43314	Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, With Patch	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,562.41	
43281 43282 43283 43284 43285 43286 43287 43288 43289 43290 43291 43300 43305 43310 43311 43312 43314 43320	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,562.41 \$2,742.94 \$1,238.80	
43281 43282 43283 43284 43285 43286 43289 43290 43300 43305 43310 43312 43313 43314 43320 43325 43325 43325 43325 43325 43325 43325	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Tracheoesophageal Fistula Fistula Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,562.41 \$2,742.94 \$1,238.80 \$1,205.26 \$809.53 \$899.53	
43281 43282 43283 43284 43285 43286 43289 43290 43290 43305 43310 43311 43313 43314 43320 43325 43325 43328 43328 43331 43313 43314 43320 43325 43325 43325 43325 43328	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Beophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,562.41 \$2,742.94 \$1,238.80 \$1,205.26 \$809.53 \$981.90	
43281 43282 43283 43284 43285 43286 43289 43290 43291 43305 43310 43312 43313 43314 43320 43325 43327 43328	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Fistula Fistula Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Esophagus, Abdominal Approach Repair Of Esophagus, Abdominal Approach	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,742.94 \$1,238.80 \$1,205.26 \$809.53 \$981.90 \$1,185.91	
43281 43282 43283 43284 43285 43286 43287 43289 43290 43291 43305 43310 43312 43313 43314 43327 43327 43328 43331 43331 43331 43331 43331 43331 43331 43331	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Seophagus, Thoracic Approach Repair Of Esophagus, Thoracic Approach Repair Of Esophagus, Thoracic Approach Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,562.41 \$2,742.94 \$1,238.80 \$1,205.26 \$809.53 \$981.90 \$1,185.91 \$1,174.51	
43281 43282 43283 43284 43285 43286 43287 43288 43290 43300 43305 43310 43312 43313 43314 43320 43325 43327 43328 43330 43332 43332 43333 43332 43333	Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Seophagus, Thoracic Approach Repair Of Seophagus, Abdominal Approach Repair Of Seophagus, Abdominal Approach Repair Of Seophagus, Thoracic Approach Repair Of Seophagus, Thoracic Approach Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,033.72 \$1,238.80 \$2,562.41 \$2,742.94 \$1,238.80 \$1,185.91 \$1,174.51 \$1,174.51 \$1,130.348	
43281 43282 43283 43284 43285 43286 43289 43290 43305 43310 43311 43313 43314 43325 43325 43325 43325 433325 43333 43333 43333 43333 43333 43333 43333 43333 43333	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Esophagus, Abdominal Approach Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Thoracotomy, Without Mesh Implant	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,562.41 \$2,742.94 \$1,238.80 \$1,205.26 \$809.53 \$891.90 \$1,185.91 \$1,174.51 \$1,133.88	
43281 43282 43283 43284 43285 43286 43289 43290 43291 43305 43310 43312 43313 43314 43325 43327 43325 43331 43331 43331 43331 43332 43331 43333 4333 433 4333 4333 4333 4333 4333 4333 4333 4333 4333 4333 43	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy Repair Of Besophageal Hernia Via Laparotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Thoracotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Thoracotomy, With Mesh Implant Repair Of Paraesophageal Hernia Via Thoracotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Thoracotomy, Without Mesh Implant	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,562.41 \$2,742.94 \$1,238.80 \$1,205.26 \$809.53 \$981.90 \$1,185.91 \$1,174.51 \$1,133.46 \$1,233.46 \$1,233.46 \$1,037.77 \$1,292.29	
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43281 43282 43283 43284 43285 43286 43289 43290 43290 43301 43305 43310 43312 43313 43314 43327 43327 43327 43332 43333 43331 43335 43336 43337 43336 43341 43351 43351 43360 43361	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg., Collis Gastroplasty) or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Lesophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus Vand Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Tracheosophageal Fistula Fistula Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,742.94 \$1,238.80 \$1,205.26 \$809.53 \$981.90 \$1,185.91 \$1,174.51 \$1,130.38 \$1,292.29 \$1,265.40 \$1,347.56 \$99.00 \$1,145.46 \$1,226.97 \$1,160.70 \$99.00 \$1,145.46 \$1,226.97 \$1,90.70 \$1,90.70 \$1,90.70 \$1,90.70 \$1,90.70 \$1,90.70 \$1,90.70 \$1,90.70	
43281 43282 43283 43284 43285 43286 43289 43290 43305 43310 43312 43313 43314 43320 43327 43328 43333 43334 43333 43334 43335 43335 43335 43336 43337 43338 43337 43338 43340 43351 43360 4360 4	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengihening Procedure (Eg., Collis Gastroplasty) or Wedge Gastroplasty) (List Separately in Addition To Code For Primary Procedure) Insertion Of Augmentation Device in Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Lougmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Esophagus Using An Endoscope Removal Of Balloon in Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon in Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon in Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon in Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Paraesophageal Hernia Via Laparotomy, With Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, With Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, With Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, With Mesh Implant Repair O	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,278.89 \$2,562.41 \$2,742.94 \$1,238.80 \$1,205.26 \$809.53 \$981.90 \$1,185.91 \$1,174.51 \$1,130.38 \$1,233.46 \$1,265.40 \$1,347.56 \$99.00 \$1,145.40 \$1,347.56 \$99.00 \$1,145.40 \$1,26.69 \$99.00 \$1,145.40 \$1,26.69 \$1,26.69	
43281 43282 43283 43284 43285 43286 43289 43290 43290 43301 43305 43310 43312 43313 43314 43327 43327 43327 43332 43333 43331 43335 43336 43337 43336 43341 43351 43351 43360 43361	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg., Collis Gastroplasty) or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Lesophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus Vand Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus Using An Endoscope Unlisted Laparoscopy Procedure, Esophagus Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Tracheosophageal Fistula Fistula Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,294.77 \$1,378.69 \$2,562.41 \$2,742.94 \$1,238.80 \$1,1205.26 \$809.53 \$981.90 \$1,185.91 \$1,174.51 \$1,1303.86 \$1,230.36 \$1,292.29 \$1,265.40 \$1,347.56 \$99.00 \$1,145.46 \$1,226.97 \$1,160.79 \$939.70 \$1,960.86 \$2,380.14 \$1,348.56 \$1,348.56	
43281 43282 43283 43284 43285 43286 43289 43290 43305 43310 43313 43314 43327 43325 43313 43314 43327 43328 43333 43331 43341 43341 43341 43341 43351 43360 43360 43400 43	Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hemia, Includes Fundoplasty, When Performed; With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg., Coilis Gastroplasty) (Wedge Gastroplasty) (List Separately in Addition To Code For Primary Procedure) Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Lesophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope Removal Of Lower Esophagus Sand Partial Removal Of Stomach Using An Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach Repair Of Esophageal Endoscope Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant Repair Of Paraesophageal Hernia Via Laparotomy, With Mesh Implant Repair Of Paraesophageal Hernia Via Abdominal Incision, With Mesh Implant Repair Of Paraesophageal Hernia Via Abdominal Incision, Wit	\$1,508.81 \$1,695.16 \$137.46 \$582.93 \$599.55 \$2,782.89 \$3,095.69 \$3,269.97 Price By Report \$2,451.58 \$415.73 \$577.26 \$1,003.72 \$1,278.89 \$2,562.41 \$2,742.94 \$1,238.80 \$1,205.26 \$809.53 \$981.90 \$1,185.91 \$1,174.51 \$1,130.38 \$1,233.46 \$1,265.40 \$1,347.56 \$99.00 \$1,145.40 \$1,347.56 \$99.00 \$1,145.40 \$1,26.69 \$99.00 \$1,145.40 \$1,26.69 \$1,26.69	

Code	Description	Fee	Prior Auth Status
43420	Repair Of Abnormal Drainage Tract Of Esophagus, Cervical Approach	\$932.56	
43425	Repair Of Abnormal Drainage Tract Of Esophagus, Thoracic Or Abdominal Approach	\$1,181.36	
43450	Dilation Of Esophagus Unguided	\$183.75	
43453	Dilation Of Esophagus With A Guided Wire	\$820.92	
43460	Esophagogastric Tamponade, With Balloon (Sengstaken Type)	\$194.00	
43496	Free Jejunum Transfer With Microvascular Anastomosis	\$1,798.86	
43497	Incision Of Muscle Of Lower Esophagus Using An Endoscope	\$679.30	
	Indiated Procedure, Esophagus Unisted Procedure, Esophagus		
43499		Price By Report	
43500	Gastrotomy With Exploration Or Foreign Body Removal;	\$701.35	
43501	Gastrotomy; With Suture Repair Of Bleeding Ulcer	\$1,197.58	
43502	Gastrotomy; With Suture Repair Of Pre-Existing Esophagogastric Laceration (Eg, Mallory-Weiss)	\$1,351.68	
43510	Gastrotomy; With Esophageal Dilation And Insertion Of Permanent Intraluminal Tube (Eg, Celestin Or Mousseaux-Barbin)	\$847.52	
43520	Pyloromyotomy, Cutting Of Pyloric Muscle (Fredet-Ramstedt Type Operation)	\$688.65	
43605	Biopsy Of Stomach, By Laparotomy	\$746.57	
43610	Excision, Local; Ulcer Or Benign Tumor Of Stomach	\$815.96	
43611	Excision, Local; Malignant Tumor Of Stomach	\$1,086.07	
43620	Gastrectomy, Total; With Esophagoenterostomy	\$1,750.51	
43621	Gastrectomy, Total; With Roux-En-Y Reconstruction	\$2,002.72	
43622	Gastrectomy, Total; With Formation Of Intestinal Pouch, Any Type	\$2,036.45	
43631	Partial Removal Of Stomach, With Gastroduodenostomy	\$1,361.01	
43632	Partial Removal Of Stomach, With Gastrojejunostomy	\$1,682.61	
43633	Gastrectomy, Partial, Distal; With Boux-En-Y Reconstruction		PA Required
	Gastreetonin, Faritar, Distar, Will Note: Fir Necotishusian		r A Required
43634		\$1,874.52	
43635	Vagotomy When Performed With Partial Distal Gastrectomy (List Separately In Addition To Code(S) For Primary Procedure)	\$109.14	
43640	Vagotomy And Pyloroplasty, With Or Without Gastrostomy	\$1,059.05	
43641	Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Parietal Cell (Highly Selective)	\$1,070.97	
1			PA Required
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb 150 Cm Or Less)		PA Required
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction To Limit Absorption		PA Required
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum		PA Required
43648	Laparoscopy, Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum		PA Required
43651	Laparoscopy, Surgical; Transection Of Vagus Nerves, Truncal	\$588.16	. / t toquilou
43652	Laparoscopy, Surgical; Transection Of Vagus Nerves, Selective Or Highly Selective	\$683.76	
43653	Creation Of Surgical Opening From Stomach To Skin (Gastrostomy) Using An Endoscope	\$571.81	
43659	Cleanur of Surgical Specific Transfer and Control of Skin (Gastrostony) Using All Endoscope Unlisted Laparoscopy Procedure, Stomach	Price By Report	DA Damiland
	· · · ·		PA Required
43752	Insertion Of Stomach Tube Through Nose Or Mouth Using Fluoroscopic Guidance	\$40.74	
43753	Insertion Of Stomach Tube And Aspirations Of Gastric Contents	\$21.48	
43754	Gastric Intubation And Aspiration, Diagnostic; Single Specimen (Eg, Acid Analysis)	\$225.15	
	Diagnostic Insertion Of Stomach Tube And Multiple Aspirations Of Stomach Contents After Administration Of Drugs To Stimulate Stomach		
43755	Secretions	\$201.61	
43756	Diagnostic Insertion Of Tube Into Upper Small Bowel And Specimen Collection Using Imaging Guidance	\$281.61	
	Diagnostic Insertion Of Tube Into Upper Small Bowel And Specimen Collection Using Imaging Guidance After Administration Of Drugs To		
43757	Stimulate Pancreatic Or Gallbladder Secretions	\$376.46	
43761	Repositioning Of Stomach Feeding Tube Inserted Through Nose Or Mouth	\$126.49	
43762	Replacement Of Stomach Stoma Tube Accessed Through Skin	\$245.76	
43763	Replacement Of Stomach Stoma Tube Accessed Through Skin With Revision Of Stoma Opening	\$340.65	
10.00	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Gastric Restrictive Device (Eg, Gastric Band And		
43770	Subcutaneous Port Components)	\$1,005,69	PA Required
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gastric Restrictive Device Component Only	\$1,000.09 \$1,129.56	PA Required
	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal of Adjustable Gastric Restrictive Device Component Only Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal of Adjustable Gastric Restrictive Device Component Only		
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure, Removal Of Adjustable Gastric Restrictive Device Component Only	\$844.94	PA Required
40770	Languages, Countries Contries Destrictive Descoules Descoule And Descourant Of Adjustable Contries Destrictive Desired	#4.400.50	PA Required
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of Adjustable Gastric Restrictive Device Component Only	\$1,138.56	
			PA Required
	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device And Subcutaneous Port Components		PA Required
	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (le, Sleeve Gastrectomy)	\$1,079.18	PA Required
	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty	\$1,079.18 \$701.09	PA Required
43800 43810	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy	\$1,079.18 \$701.09 \$903.08	PA Required
	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy	\$1,079.18 \$701.09	PA Required
43810	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type	\$1,079.18 \$701.09 \$903.08	PA Required
43810 43820	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy	\$1,079.18 \$701.09 \$903.08 \$1,118.57	PA Required
43810 43820 43825	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18	PA Required
43810 43820 43825 43830	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75	PA Required
43810 43820 43825 43830 43831 43832	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59	PA Required
43810 43820 43825 43830 43831 43832 43840	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40	PA Required
43810 43820 43825 43830 43831 43832 43840 43842	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.3 \$928.59 \$885.40 \$1,375.25	PA Required PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43843	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33	PA Required PA Required PA Required PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43843 43845	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36	PA Required PA Required PA Required PA Required PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43843 43845 43846	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.35 \$2,008.36 \$1,466.12	PA Required PA Required PA Required PA Required PA Required PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43843 43845 43846 43847	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Supass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Small Intestine Repair	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25	PA Required PA Required PA Required PA Required PA Required PA Required PA Required PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43843 43845 43846 43847 43848	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.25 \$1,603.25 \$1,710.14	PA Required PA Required PA Required PA Required PA Required PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43843 43845 43845 43846 43847 43848 43848	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,603.25 \$1,710.14 \$1,275.45	PA Required PA Required PA Required PA Required PA Required PA Required PA Required PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43843 43845 43846 43847 43848 43860 43860 43865	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity, Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,770.15 \$1,275.45 \$1,1275.45	PA Required PA Required PA Required PA Required PA Required PA Required PA Required PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43845 43846 43846 43847 43848 43865 43865	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy)	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.75 \$553.75 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20	PA Required PA Required PA Required PA Required PA Required PA Required PA Required PA Required
43810 43820 43825 43830 43831 43832 43842 43843 43845 43846 43847 43848 43865 43870 43880	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Gastrocolic Fistula	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.33 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37	PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43845 43846 43846 43847 43848 43865 43865	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Gastrocclic Fistula Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.33 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37	PA Required PA Required PA Required PA Required PA Required PA Required PA Required PA Required
43810 43820 43825 43830 43831 43832 43842 43843 43845 43846 43847 43848 43865 43870 43880	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Gastrocolic Fistula	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,710.14 \$1,275.45 \$1,512.20 \$52,91	PA Required
43810 43820 43825 43830 43831 43832 43840 43842 43843 43844 43846 43847 43848 43865 43865 43880 43880	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Gastrocclic Fistula Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,770.12 \$1,275.45 \$1,512.20 \$529.61 \$1,429.70 \$901.97	PA Required
43810 43820 43825 43831 43832 43840 43842 43843 43845 43845 43846 43847 43848 43860 43865 43870 43880 43881 43881	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Surgically Created Opening From Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37 \$901.97 \$1,291.70	PA Required
43810 43820 43825 43831 43832 43840 43843 43845 43846 43846 43846 43865 43865 43880 43881 43882 43886 43886 43887	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Gastrocolic Fistula Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37 \$901.97 \$1,291.70 \$336.05 \$332.18	PA Required
43810 43820 43825 43831 43832 43840 43842 43845 43845 43846 43847 43846 43847 43848 43865 43870 43881 43888 43888	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Gastrocolic Fistula Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure Revision Of Fort Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,144.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37 \$901.97 \$1,291.70 \$336.05 \$322.18	PA Required
43810 43820 43825 43831 43832 43840 43842 43845 43845 43846 43847 43846 43865 43870 43881 43882 43888 43888 43888 43888 43888 43888	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Unlisted Procedure, Stomach	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,770.14 \$1,275.45 \$1,512.20 \$529.61 \$1,429.70 \$336.05 \$322.18 \$422.05 \$1,291.70	PA Required
43810 43820 43825 43831 43832 43843 43845 43845 43846 43847 43848 43860 43865 4387 43888 43886 43887 43888 43888 43889 44005	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Surgically Created Opening From Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Intestinal Adhesion) (Separate Procedure)	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37 \$901.97 \$1,291.70 \$336.05 \$322.18 \$422.05 Price By Report	PA Required
43810 43820 43825 43831 43832 43840 43842 43845 43845 43846 43847 43846 43865 43870 43881 43882 43888 43888 43888 43888 43888 43888	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Unlisted Procedure, Stomach	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,770.14 \$1,275.45 \$1,512.20 \$529.61 \$1,429.70 \$336.05 \$322.18 \$422.05 \$1,291.70	PA Required
43810 43820 43825 43831 43832 43840 43845 43845 43845 43846 43847 43846 43847 43886 43887 43888 43888 43889 43888 43889 44010	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Gastrocolic Fistula Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Unlisted Procedure, Stomach Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Duodenotomy	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$11,275.45 \$1,512.20 \$529.61 \$1,420.37 \$901.97 \$1,291.70 \$336.05 \$322.18 \$422.05 Price By Report	PA Required
43810 43820 43825 43831 43831 43832 43840 43842 43845 43845 43846 43847 43848 43860 43887 43880 43881 43886 43887 43886 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43886 43887 43887 43886 44005	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Fartial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Sastrocolic Fistula Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Revision Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Unlisted Procedure, Stomach Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Duodenotomy	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,429.70 \$336.05 \$322.18 \$422.05 \$776.34	PA Required
43810 43820 43825 43830 43831 43832 43843 43845 43845 43846 43846 43846 43846 43865 43865 4387 43888 43886 43887 43888 43889 44005 44010	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Sattreenterostomy Partial Removal Of Stomach, With Sattreenterostomy Partial Removal Of Stomach, With Sattreenterostomy Partial Removal Of Stomach Bypass, Open Procedure Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Freeding, Stomach Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Duodenotomy Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperative, Any Method (List Separately In Addition To Primary Procedure) Incision Of Small Bowel For Exploration, Biopsy, Or Foreign Body Removal	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37 \$901.97 \$1,291.70 \$336.05 \$322.18 \$422.05 Price By Report \$985.82 \$776.34	PA Required
43810 43820 43825 43830 43831 43832 43840 43845 43845 43846 43846 43865 43865 43880 43886 43887 43888 43899 44005 44010	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Seding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Jupper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Gastrocolic Fistula Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure Revision Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Revision Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Unlisted Procedure, Stomach Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Duodenotomy Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperative, Any Method (List Separately In Addition To Primary Procedure) Incision Of Small Bowel For Explorati	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37 \$901.97 \$1,291.70 \$336.05 \$322.18 \$422.05 Price By Report \$985.82 \$776.34	PA Required
43810 43820 43825 43830 43831 43832 43843 43845 43845 43846 43846 43846 43846 43865 43865 4387 43888 43886 43887 43888 43889 44005 44010	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Uicer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Gastrocolic Fistula Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Duodenotomy Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperative, Any Method (List Separately In Addition To Primary Procedure) Duodenotomy Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperative, Any Method (List Separately In Addition To Primary Procedure) Enterotomy, Small Bowel, Other Than Duodenum; For Decompression (Eg, Baker Tube) Enterotomy, With Exploration Or Foreign Body Removal; Large Bowel	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37 \$901.97 \$1,291.70 \$336.05 \$322.18 \$422.05 Price By Report \$985.82 \$776.34	PA Required
43810 43820 43825 43831 43832 43840 43843 43845 43846 43846 43846 43846 43846 43846 43846 43846 43846 43846 43846 43846 43885 43880 43881 43882 43888 43899 44005 44010	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) Pyloroplasty Gastroduodenostomy Partial Removal Of Stomach, Without Vagotomy Gastrojejunostomy; With Vagotomy, Any Type Insertion Of Stomach Seding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure For Newborn Feeding Creation Of Stomach Feeding Tube, Open Procedure Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty Partial Removal Of Stomach, With Partial Gastrectomy Partial Removal Of Stomach, With Gastroenterostomy Partial Removal Of Stomach, With Small Intestine Repair Revision Of Jupper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) Closure Of Gastrocolic Fistula Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure Revision Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Revision Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Unlisted Procedure, Stomach Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Duodenotomy Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperative, Any Method (List Separately In Addition To Primary Procedure) Incision Of Small Bowel For Explorati	\$1,079.18 \$701.09 \$903.08 \$1,118.57 \$1,164.18 \$505.75 \$553.43 \$928.59 \$885.40 \$1,375.25 \$1,141.33 \$2,008.36 \$1,466.12 \$1,603.25 \$1,710.14 \$1,275.45 \$1,512.20 \$529.61 \$1,420.37 \$901.97 \$1,291.70 \$336.05 \$322.18 \$422.05 Price By Report \$985.82 \$776.34	PA Required

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Code 44055	Description Correction Of Malrotation By Lysis Of Duodenal Bands And/Or Reduction Of Midgut Volvulus (Eg, Ladd Procedure)	Fee \$1,492.64	Prior Auth Status
44100	Correction of manufaction by Systs of Doublerian Bains Antarof Reduction of minight volviditis (E.g., Eade Proceeding) Biopsy Of Small Bowel By Capsule Attached To Tube Passed Through Mouth	\$1,492.64	
44100	Disposition of Control of Capetine America To Table 1 Through mean.	ψ07.07	
44110	Excision Of One Or More Lesions Of Small Or Large Intestine Not Requiring Anastomosis, Exteriorization, Or Fistulization; Single Enterotomy	\$762.13	
	Excision Of One Or More Lesions Of Small Or Large Bowel Not Requiring Anastomosis, Exteriorization, Or Fistulization; Multiple Enterotomies	\$875.86	
44120	Partial Removal Of Small Bowel, Single Resection And Connection Partial Removal Of Small Bowel, Each Additional Resection And Connection	\$1,057.35	
44121 44125	Enterectomy, Resection Of Small Intestine; With Enterostomy	\$234.52 \$1,031.56	
44126	Partial Removal Of Small Bowel To Correct Congenital Defect, Single Resection And Connection, Without Tapering	\$2,520.72	
44127	Partial Removal Of Small Bowel To Correct Congenital Defect, Single Resection and Connection, With Tapering	\$2,923.62	
		Ψ2,020.02	
44128	Partial Removal Of Small Bowel To Correct Congenital Defect, Single Resection And Connection, Each Additional Resection And Connection	\$211.75	
	Enteroenterostomy, Anastomosis Of Intestine, With Or Without Cutaneous Enterostomy (Separate Procedure)	\$919.31	
	Partial Removal Of Donor Small Bowel For Transplantation, Open Procedure	Price By Report	
	Intestinal Allotransplantation; From Living Donor	Price By Report	PA Required
44137	Removal Of Transplanted Intestinal Allograft, Complete	\$1,352.27	
44139	Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure)	\$117.86	
	Partial Removal Of Large Bowel, With Connection	\$1,325.64	
44141	Colectomy, Partial; With Skin Level Cecostomy Or Colostomy	\$1,446.47	
44143	Colectomy, Partial; With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure)	\$1,315.90	
44144	Colectomy, Partial; With Resection, With Colostomy Or Ileostomy And Creation Of Mucofistula	\$1,393.77	
44145	Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis)	\$1,524.86	
44146	Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis), With Colostomy	\$1,755.32	
44147	Partial Removal Of Large Bowel, Abdominal And Transanal Approach	\$1,711.89	
44150	Colectomy, Total, Abdominal, With Ileostomy Or Ileoproctostomy; Without Proctectomy	\$1,562.47	
44151	Colectomy, Total, Abdominal, Without Proctectomy; With Continent Ileostomy	\$1,912.60	
44155	Removal Of Large Bowel And Rectum And Creation Of Opening From End Of Small Intestine Through Wall Of Abdomen Removal Of Large Bowel And Rectum And Creation Of Opening From End Of Small Intestine Through Wall Of Abdomen, With Small Intestinal	\$1,693.78	
44156	Removal of Large Bowel and Rectum and Creation of Opening From End of Small Intestine Through Wall of Addomen, With Small Intestinal Reservoir For Feces	\$2,045.75	
00	Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, Includes Loop Ileostomy, And Rectal Mucosectomy, When	Ψ2,040.73	
44157	Performed	\$1,941.03	<u> </u>
44158	Removal Of Large Bowel And Rectum With Attachment Of Small Bowel To Anus And Creation Of Small Bowel Reservoir	\$1,988.76	
44160	Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	\$1,228.00	
44180	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	\$945.42	
44186	Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding	\$667.83	
44187	Creation Of Small Bowel Opening Using An Endoscope, Non-Tube	\$1,128.38	
44188	Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy	\$1,248.81	
44202	Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection	\$1,426.45	
44203 44204	Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis	\$233.68 \$1,592.28	
44204	Laparoscopy, Surgical, Colectomy, Partial, With Ariastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	\$1,387.76	
44206	Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure)	\$1,810.41	
44207	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis)	\$1,898.04	
44208	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy	\$1,763.91	
44210	Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy	\$1,590.83	
	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With		
44211	Loop Ileostomy, Includes Rectal Mucosectomy, When Performed	\$1,923.92	
44212	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy	\$2,129.45	
44212	Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure)	\$102 EO	
44213 44227	Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis	\$183.50 \$1,725.79	
44238	Unlisted Laparoscopy Procedure, Intestine (Except Rectum)	\$4,716.58	
44300	Insertion Of Small Bowel Tube, Open Procedure	\$749.63	
	lleostomy Or Jejunostomy, Non-Tube	\$959.09	
	Release Of Superficial Scar Tissue From Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy)	\$396.02	
	Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Procedure)	\$662.53	
44316	Continent Ileostomy (Kock Procedure) (Separate Procedure)	\$1,254.42	
44320	Colostomy Or Skin Level Cecostomy; Colostomy Or Skin Level Cecostomy; With Multiple Bioneies (Fa. For Congenital Magazelan) (Separate Procedure)	\$785.75	
44322 44340	Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (Eg, For Congenital Megacolon) (Separate Procedure) Release Of Superficial Scar Tissue From Surgically Created Opening Into Large Bowel From Body Wall (Colostomy), Simple	\$853.71 \$415.47	
44340	Release Of Superficial Scar Tissue From Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) , Simple Reconstruction Of Large Bowel Opening, Complicated	\$415.47 \$941.19	
44345	Revision Of Colostomy; With Repair Of Paracolostomy Hernia (Separate Procedure)	\$941.19 \$1,056.56	
44360	Diagnostic Examination Of Small Bowel, Not Including Lower Small Intestine (Ileum), Using An Endoscope	\$145.85	
44361	Biopsy of Small Bowel Except The Ileum Using An Endoscope	\$161.25	
44363	Removal Of Foreign Bodies From Small Bowel Not Including Lower Small Intestine (Ileum)	\$194.60	
44364	Removal Of Small Bowel Polyps Or Growths Using An Endoscope, With An Electrical Cautery	\$186.69	
44365	Removal Of Small Bowel Polyps Or Growths Using An Endoscope, With A Mechanical Snare	\$166.39	
	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion of Duodenum, Not Including Ileum; With Control Of Bleeding (Eg, Injection,		
44366	Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	\$243.32	
44369	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Small Bowel Not Including Lower Small Intestine (Ileum) Using An Endoscope Insertion Of Small Bowel Stent Using An Endoscope Above The Lower Small Bowel	\$249.39 \$243.65	
44370 44372	Insertion Of Small Bower Stent Osing An Endoscope Above The Lower Small Bower Insertion Of Tube Into Middle Small Intestine (Jejunum), Accessed Through The Skin, Using An Endoscope	\$243.65 \$217.50	
44372	Convert Stomach Tube To Tube In Middle Small Intestine (Jejunum), Accessed Through The Skin, Using An Endoscope	\$174.50	
1.373	Diagnostic Examination Of Small Bowel Including Lower Small Intestine (Ileum) With Collection Of Specimens By Brushing Or Washing, Using	Ψ174.50	
44376	An Endoscope	\$259.80	
	Biopsy Of Small Bowel Including The Ileum Using An Endoscope	\$273.01	
44378	Control Of Bleeding Of Small Bowel Including Lower Small Intestine (Ileum) With Biopsies, Using An Endoscope	\$351.47	
44379	Insertion Of Small Bowel Stent Using An Endoscope Below The Lower Small Bowel	\$373.73	
4400-	Diagnostic Examination Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body	* -··	
44380	Wall (Ileostomy) Pallogo Dilating Of Small Reveal Using An Endogogo Inserted Through Surgically Created Opening Into Lower Small Reveal From Rady Wall	\$214.92	
44381	Balloon Dilation Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy)	\$991.31	
-T-30 I	Biopsies Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall	ψ891.31	
		0010 71	İ
14382	(Ileostomy)	\$219.71	

Code	Description	Fee	Prior Auth Status
	Insertion Of Stent Into Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body		
44384	Wall (Ileostomy)	\$140.34	
44385	Diagnostic Examination Of Surgically Created Pouch Of Small Bowel Including Lower Small Intestine (Ileum) Using An Endoscope	\$154.42	
44386	Biopsy Of Small Bowel Pouch Using An Endoscope	\$227.58	
	Diagnostic Examination Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall		
44388	(Colostomy)	\$339.71	
		, , , , ,	
44389	Biopsies Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$445.90	
000	Removal Of Foreign Bodies From Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From	ψ	
44390	Body Wall (Colostomy)	\$393.71	
11000	Control Of Bleeding Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall	ψ000.71	
44391	(Colostomy)	\$635.86	
44331	Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Hot Biopsy Forceps, Using An Endoscope Inserted Through	φ033.00	
44392	Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$372.39	
44332	Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Snare, Using An Endoscope Inserted Through Surgically Created	ψ31Z.35	
44204		¢470.70	
44394	Opening Into Large Bowel From Body Wall (Colostomy)	\$473.73	
44404	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel, Using An Endoscope Inserted Through Surgically Created Opening	00 447 04	
44401	Into Large Bowel From Body Wall (Colostomy)	\$2,447.91	
	Insertion Of Stent Into Large Bowel, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall		
44402	(Colostomy)	\$239.07	
	Removal Of Lining Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall		
44403	(Colostomy)	\$277.59	
	Injections Beneath Lining Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall	П	
44404	(Colostomy)	\$415.61	
	Balloon Dilation Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall		
44405	(Colostomy)	\$555.02	
	Ultrasound Examination Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall		
44406	(Colostomy)	\$209.60	
	Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using An Endoscope Inserted Through Surgically Created		
44407	Opening Into Large Bowel From Body Wall (Colostomy)	\$251.62	
	Decompression of Large Bowel With Ultrasound Guidance, Using An Endoscope Inserted Through Surgically Created Opening Into Large	Ψ201.02	
44408	Bowel From Body Wall (Colostomy)	\$211.35	
44500	Dilation Of Stomach And/Or Bowels Using Long Gastrointestinal Tube	\$19.76	
44602	Suture Of Small Bowel For Perforated Ulcer, Pouch, Wound, Injury Or Rupture	\$912.51	
44603	Suture Of Multiple Small Bowel Ulcers, Defects, Wounds, Injuries, Or Rupture	\$1,433.04	
44604	Suture Of Large Bowel Ulcer, Defect, Wound, Injury, Or Rupture	\$894.50	
44605	Suture Of Large Bowel Ulcer, Defect, Wound, Injury, Or Rupture With Creation Of Opening	\$1,155.89	
44615	Intestinal Stricturoplasty (Enterotomy And Enterorrhaphy) With Or Without Dilation, For Intestinal Obstruction	\$956.51	
44620	Closure Of Enterostomy, Large Or Small Intestine;	\$671.50	
44625	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Anastomosis Other Than Colorectal	\$934.87	
11020	The second of the second secon	ψ004.07	
44626	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Colorectal Anastomosis (Eg, Closure Of Hartmann Type Procedure)	\$1,662.34	
44640	Closure Of Intestinal Cutaneous Fistula	\$909.81	
44650	Closure Of Enteroenteric Or Enterocolic Fistula	\$939.91	
44660	Closure Of Abnormal Drainage Tract Of Small Bowel, With Resection	\$1,193.30	
44661	Closure Of Enterovesical Fistula; With Intestine And/Or Bladder Resection	\$1,374.53	
44680	Intestinal Plication, Complete (Noble Type Operation) (Separate Procedure)	\$955.22	
44700	Exclusion Of Small Intestine From Pelvis By Mesh Or Other Prosthesis, Or Native Tissue (Eg, Bladder Or Omentum)	\$901.10	
44701	Intraoperative Colonic Lavage (List Separately In Addition To Code For Primary Procedure)	\$148.05	
44705	Preparation Of Fecal Microbiota For Instillation, Including Assessment Of Donor Specimen		
	Death and Oranded December Of Orange Orange December 2015 in December 2015	Price By Report	
	Backberch Standard Preparation of Cadaver of Living Donor Intestine Allograft Prior 10 Transplantation, including Mobilization And	Price By Report	
44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft Prior To Transplantation, Including Mobilization And Fashioning Of The Superior Mesenteric Artery And Vein		
44715 44720	Fashioning Of The Superior Mesenteric Artery And Vein	\$317.89	
44720	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection	\$317.89 \$238.76	
44720 44721	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection	\$317.89 \$238.76 \$334.25	
44720 44721 44799	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure	\$317.89 \$238.76 \$334.25 Price By Report	
44720 44721 44799 44800	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect	\$317.89 \$238.76 \$334.25 Price By Report \$657.87	
44720 44721 44799 44800 44820	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure)	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63	
44720 44721 44799 44800 44820 44850	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure)	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69	
44720 44721 44799 44800 44820 44850 44899	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report	
44720 44721 44799 44800 44820 44850 44899 44900	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29	
44720 44721 44799 44800 44820 44850 44899 44900 44950	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy;	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95	
44720 44721 44799 44800 44820 44850 44899 44900 44950 44955	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55	
44720 44721 44799 44800 44820 44850 44899 44900 44950 44955 44960	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64	
44720 44721 44799 44800 44820 44850 44899 44900 44950 44955 44960 44970	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy: For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64	
44720 44721 44799 44800 44820 44850 44899 44900 44950 44955 44960	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61	
44720 44721 44799 44800 44820 44850 44899 44900 44950 44955 44960 44970	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy: For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64	
44720 44721 44799 44800 44820 44850 44899 44900 44950 44955 44960 44970 44979	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61	
44720 44721 44799 44800 44820 44850 44899 44900 44955 44960 44970 44979 45000	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1,593.86 \$391.44	
44720 44721 44799 44800 44820 44850 44899 44900 44950 44950 44950 44970 45000 45005	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess, Superficial, Under The Rectal Lining	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1,593.86 \$391.44	
44720 44721 44799 44800 44820 44850 44950 44950 44955 44960 44970 44970 45005 45005 45020 45100	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1,593.86 \$391.44 \$308.29 \$521.96	
44720 44721 44799 44800 44850 44850 44850 44950 44950 44950 44970 44970 45000 45005 45000 45100 45108	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum Biopsy Of Anal And/Or Rectal Wall Via Anus Removal Of Muscle In The Anus And Rectum Area	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1.593.86 \$391.44 \$308.29 \$521.96 \$224.31	
44720 44721 44799 44800 44820 44850 44899 44900 44955 44960 44970 44970 45005 45005 45108 45108	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum Biopsy Of Anal And/Or Rectal Wall Via Anus Removal Of Muscle In The Anus And Rectum Area Removal Of Rectum With Creation Of Large Bowel Opening, Open Abdominal And Rectal Procedure	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1,593.86 \$391.44 \$308.29 \$521.96 \$24.31 \$338.39 \$1,579.48	
44720 44721 44799 44800 44820 44850 44950 44955 44960 44970 44970 45000 45000 45000 45100 45108	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum Biopsy Of Anal And/Or Rectal Wall Via Anus Removal Of Muscle In The Anus And Rectum Area Removal Of Rectum, Open Abdominal Procedure Partial Removal Of Rectum, Open Abdominal Procedure	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1.593.86 \$391.44 \$308.29 \$521.96 \$224.31	
44720 44721 44799 44800 44820 44850 44899 44900 44955 44960 44970 44970 45005 45005 45100 45111	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Stuture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining Incision And Drainage Of Abscess, Superficial, Under The Rectal Lining Incision And Orainage Of Abscess Above Pelvic Floor Or Behind Rectum Biopsy Of Anal And/Or Rectal Wall Via Anus Removal Of Muscle In The Anus And Rectum Area Removal Of Rectum With Creation Of Large Bowel Opening, Open Abdominal And Rectal Procedure Removal Of Rectum And Suturing Of Large Bowel To Anus, Via Incision Of Abdomen And Region Between Thighs (Combined	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1.593.86 \$391.44 \$308.29 \$521.96 \$224.31 \$338.39 \$1,579.48	
44720 44721 44799 44800 44820 44850 44899 44900 44955 44960 44970 44970 45000 45005 45108 45108	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum Biopsy Of Anal And/Or Rectal Wall Via Anus Removal Of Muscle In The Anus And Rectum Area Removal Of Rectum, Open Abdominal Procedure Partial Removal Of Rectum, Open Abdominal Procedure	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1,593.86 \$391.44 \$308.29 \$521.96 \$24.31 \$338.39 \$1,579.48	
44720 44721 44799 44800 44820 44850 44899 44900 44955 44960 44970 44970 45000 45005 45100 45110 45111 45112	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum Biopsy Of Anal And/Or Rectal Wall Via Anus Removal Of Muscle In The Anus And Rectum Area Removal Of Rectum With Creation Of Large Bowel Opening, Open Abdominal And Rectal Procedure Partial Removal Of Rectum And Suturing Of Large Bowel To Anus, Via Incision Of Abdomen And Region Between Thighs (Combined Abdominoperineal Approach)	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1,593.86 \$391.44 \$308.29 \$521.96 \$224.31 \$338.39 \$1,579.48 \$978.43	
44720 44721 44799 44800 44820 44850 44899 44955 44960 44955 44960 44979 45000 45108 45110 45111 45112	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum Biopsy Of Anal And/Or Rectal Wall Via Anus Removal Of Nuscle In The Anus And Rectum Area Removal Of Rectum With Creation Of Large Bowel Opening, Open Abdominal And Rectal Procedure Partial Removal Of Rectum, Open Abdominal Procedure Removal Of Rectum And Suturing Of Large Bowel To Anus, Via Incision Of Abdomen And Region Between Thighs (Combined Abdominoperineal Approach) Proctectomy, Partial, With Rectal Mucosectomy, Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Or Without Loop Ileostomy	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$599.61 \$1,593.86 \$308.29 \$521.96 \$224.31 \$338.39 \$1,579.48 \$978.43	
44720 44721 44799 44800 44820 44850 44950 44955 44960 44979 45000 45005 45100 45110 45111 45112 45113	Fashioning Of The Superior Mesenteric Artery And Vein Reconstruction Of Donor Small Bowel For Transplantation Venous Connection Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection Small Bowel Procedure Repair Of Congenital Bowel Defect Excision Of Lesion Of Mesentery (Separate Procedure) Suture Of Mesentery (Separate Procedure) Procedure For Congenital Bowel Defect Drainage Of Abscess Of Appendix, Open Procedure Appendectomy; Removal Of Appendix During Other Major Procedure Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis Laparoscopy, Surgical, Appendectomy Unlisted Laparoscopy Procedure, Appendix Drainage Of Abscess In Pelvic Region Through Rectum Drainage Of Abscess, Superficial, Under The Rectal Lining Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum Biopsy Of Anal And/Or Rectal Wall Via Anus Removal Of Muscle In The Anus And Rectum Area Removal Of Rectum With Creation Of Large Bowel Opening, Open Abdominal And Rectal Procedure Partial Removal Of Rectum Mnd Suturing Of Large Bowel To Anus, Via Incision Of Abdomen And Region Between Thighs (Combined Abdominoperineal Approach) Proctectomy, Partial, With Rectal Mucosectomy, Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Or Without Loop Ileostomy Partial Removal Of Rectum, Abdominal And Transsacral Approach	\$317.89 \$238.76 \$334.25 Price By Report \$657.87 \$758.63 \$671.69 Price By Report \$700.29 \$635.95 \$81.55 \$850.64 \$559.61 \$1,593.86 \$391.44 \$308.29 \$521.96 \$224.31 \$338.39 \$1,579.48 \$978.43 \$1,665.30	
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Code 45136	Description Excision Of Ileoanal Reservoir With Ileostomy	Fee	Prior Auth Status
45150	Incision Of Stricture Of Rectum	\$1,628.89 \$383.28	
45160	Removal Of Rectal Growth Through The Sacrum Or Tail Bone	\$915.01	
45171	Removal Of Rectal Growth Through The Anus	\$632.27	
45172	Removal Of Rectal Growth Through The Anus With Removal Of A Portion Of The Muscle	\$757.48	
45190	Destruction Of Tumor Of Rectum Through Anus	\$653.71	
	Diagnostic Examination Of Rectum And Lower Large Bowel Using A Rigid Endoscope	\$91.57	
45303	Dilation Of Rectum And/Or Lower Large Bowel Using A Rigid Endoscope	\$966.90	
45305 45307	Biopsies Of Rectum And/Or Lower Large Bowel Using A Rigid Endoscope Removal Of Foreign Bodies From Rectum And/Or Lower Large Bowel Using A Rigid Endoscope	\$176.58 \$206.64	
45307	Removal Of Polyp Or Growth Of Rectum And Large Bowel Using An Endoscope With An Electrical Cautery	\$206.64 \$198.66	
45309	Removal Of Polyp Or Growth Of Rectum And Large Bowel Using An Endoscope With A Mechanical Snare	\$204.65	
.0000	Removal Of Multiple Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel By Hot Biopsy Forceps, Electric Cautery, Or Snare, Using	Ψ20 1100	
45315	A Rigid Endoscope	\$219.95	
45317	Control Of Bleeding Of Lower Large Bowel Using A Rigid Endoscope	\$165.15	
	Destruction Of Multiple Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel Using A Rigid Endoscope	\$216.03	
45321	Release Of Twisted Lower Large Bowel Using A Rigid Endoscope	\$91.32	
45327	Insertion Of Stent Into Lower Large Bowel Using A Rigid Endoscope	\$103.12	
	Diagnostic Examination Of The Lower Portion Of The Large Bowel Using An Endoscope	\$141.00	
45331	Biopsy Of The Lower Large Bowel Using An Endoscope (Sigmoidoscopy) Removal Of Foreign Bodies In Lower Portion Of The Large Bowel (Colon) Using An Endoscope (Colonoscopy)	\$210.13	
45332 45333	Removal Of Polyps Or Growths In Upper Large Bowel Using An Endoscope (Sigmoidoscopy) Using Electric Cautery	\$249.59 \$327.88	
45333	Control Of Bleeding In Lower Large Bowel Using An Endoscope (Signibidoscopy) Using Electric Cautery	\$365.00	
45335	Injections Beneath Lining Of Lower Large Bowel, Using A Flexible Endoscope	\$291.76	
45337	Decompression Of Twisted Or Abnormally Dilated Lower Large Bowel, Using A Flexible Endoscope	\$104.55	
.5001	Placement Of Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And	Ψ104.33	
45338	Interpretation	\$269.44	
45340	Balloon Dilation Of Lower Large Bowel, Using A Flexible Endoscope	\$464.14	
45341	Ultrasound Examination Of Lower Large Bowel , Using A Flexible Endoscope	\$113.59	
45342	Fine Needle Aspirations And/Or Biopsies Of Lower Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope	\$155.16	
45346	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel Using A Flexible Endoscope	\$2,374.38	
45347	Insertion Of Stent Into Lower Large Bowel, Using A Flexible Endoscope	\$140.87	
45349	Removal Of Lower Portion Of The Large Bowel Tissue Using An Endoscope (Sigmoidoscopy)	\$181.14	
45350	Banding Of Hemorrhoids Using A Flexible Endoscope (Sigmoidoscope)	\$505.29	
45378	Diagnostic Examination Of The Colon (Large Bowel) Using An Endoscope(Colonoscopy); High Risk	\$365.51	
45379	Removal Of Foreign Bodies In Large Bowel (Colon) Using An Endoscope (Colonoscopy)	\$422.21	
45380	Biopsy Of The Large Bowel Using An Endoscope (Colonoscopy)	\$473.55	
45381	Injections Beneath Lining Of Large Bowel, Using A Flexible Endoscope Control Of Bleeding In Upper Large Bowel Using An Endoscope	\$474.47	
45382 45384	Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Hot Biopsy Forceps, Using A Flexible Endoscope	\$485.33 \$511.50	
45385	Removal Of Polyps Or Growths In Large Bowel Using An Endoscope (Colonoscope) Using A Mechanical Snare	\$489.72	
45386	Balloon Dilation Of Large Bowel Using A Flexible Endoscope	\$673.28	
45388	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope	\$2,251.79	
45389	Insertion Of Stent In Large Bowel Using A Flexible Endoscope	\$264.51	
45390	Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy)	\$337.17	
45391	Ultrasound Examination Of Large Bowel Using A Flexible Endoscope	\$261.88	
45392	Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope	\$277.38	
45393	Decompression Of Twisted Or Abnormally Dilated Large Bowel, Using A Flexible Endoscope	\$254.66	
45395	Removal Of Rectum With Creation Of Large Bowel Opening Through Using An Endoscope, Abdominoperineal Approach Removal Of Rectum Using An Endoscope, Abdominoperineal Approach	\$1,762.56	
45397 45398	Banding Of Hemorrhoids Using A Flexible Endoscope (Colonoscope)	\$2,229.53 \$607.90	
45399	Large Bowel Procedure	\$879.67	
45400	Lagaroscopy, Surgical; Proctopexy (For Prolapse)	\$1,190.39	
45402	Laparoscopy, Surgical; Proctopexy (For Prolapse), With Sigmoid Resection	\$1,359.30	
45499	Unlisted Laparoscopy Procedure, Rectum	Price By Report	
	Repair Of Narrowed Rectum	\$518.56	
45505	Repair Of Bulging Of Lining Of Rectum Through Anus	\$555.42	
45520	Injection Of Veins In Rectum	\$159.19	
45540 45541	Fixation Of Rectum To Sacrum, Open Abdominal Procedure Fixation Of Rectum To Sacrum By Perineal Approach	\$954.32 \$856.14	
45550	Fixation Of Rectum To Sacrum With Removal Of Large Bowel, Open Abdominal Procedure	\$1,317.04	
45560	Repair Of Bulging Of Rectum Into Vagina	\$631.10	
45562	Exploration, Repair, And Presacral Drainage For Rectal Injury;	\$1,027.28	
45563	Repair Of Rectal Wound, With Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$1,660.73	
45800	Closure Of Abnormal Opening From Rectum Into Bladder	\$1,135.12	
45805	Closure Of Rectovesical Fistula; With Colostomy	\$1,312.71	
45820	Closure Of Rectourethral Fistula;	\$1,137.96	
45825	Closure Of Rectourethral Fistula; With Colostomy	\$1,375.93	
45900	Manual Replacement Of Bulging Of Rectum Through Anus Under Anesthesia Dilation Of Sphincter Of Anus Under Anesthesia	\$191.76 \$147.39	
45905 45910	Dilation Of Sphincter Of Anus Under Anesthesia Dilation Of Constricted Rectum Under Anesthesia	\$147.39 \$129.82	
45915	Dissiliation of our anticolar recommendation of the control of the	\$247.20	
45990	Anorectal Exam, Surgical, Requiring Anesthesia (General, Spinal, Or Epidural), Diagnostic	\$105.28	
45999	Unlisted Procedure, Rectum	Price By Report	
46020	Insertion Of Drain (Seton) In Anus	\$116.20	
46030	Removal Of Drain (Seton) From Anus	\$250.39	
46040	Drainage Of Rectal Abscess, Deep	\$384.49	
46045	Incision And Drainage Of Abscess Within Wall Of Rectum Under Anesthesia	\$405.59	
46050	Drainage Of Rectal Abscess, Superficial, Surrounding The Anus	\$168.67	
46060	Incision And Drainage Of Abscess In Wall Of Rectum Or Between Rectum And Muscle With Incision Or Removal Of Abnormal Drainage Tract	\$493.84	
46070	Incision Of Tissue Blocking Rectum Of Infant	\$493.84 \$252.79	
46080	Incision Of Sphincter Of Anus	\$201.53	
46083	Incision Of External Hemorrhoid With Blood Clot (Thrombosed Hemorrhoid)	\$173.86	
46200	Removal Of Chronic Tear (Fissure) Of Anus	\$425.10	
46220	Removal Of Single External Benign Growth (Papilla Or Tag) Of Anus	\$178.21	
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Code	Description	Fee	Prior Auth Status
46221	Removal Of External Hemorrhoids By Rubber Banding	\$232.26	
46230	Removal Of Multiple External Benign Growths (Papillas Or Tags) Of Anus	\$278.46	
46250	Hemorrhoidectomy, External, 2 Or More Columns/Groups	\$335.69	
46255	Removal Of Single External And Internal Hemorrhoid Group	\$413.21	
46257	Removal Of Single External And Internal Hemorrhoid Group And Chronic Tear (Fissure) In Anus	\$388.64	
46258	Removal Of Single External And Internal Hemorrhoid Group With Removal Of Abnormal Drainage Tract In Anus	\$437.64	
46260	Removal Of Multiple Internal And External Hemorrhoid Groups	\$493.37	
46261	Removal Of Multiple Internal And External Hemorrhoid Groups And Chronic Tear (Fissure) In Anus	\$486.58	
46262	Removal Of Multiple Internal And External Hemorrhoid Groups With Removal Of Abnormal Drainage Tract From Anus	\$534.38	
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46270	Repair Of Abnormal Anal Drainage Tract, Under The Skin	\$373.23	
46275	Repair Of Anal Muscle And Abnormal Anal Drainage Tract, With The Sphincter	\$473.47	
46280	Repair Of Anal Muscle And Abnormal Anal Drainage Tract, Across Tissue Around The Sphincter	\$505.49	
46285	Repair Of Abnormal Anal Drainage Tract, Second Stage	\$534.57	
46288	Repair Of Abnormal Anal Drainage Tract With Rectal Tissue Flap	\$515.76	
46320	Removal Of External Hemorrhoid With Blood Clot (Thrombosed Hemorrhoid)	\$190.87	
46500	Injection Of Sclerosing Solution, Hemorrhoids Or Mucosal Prolapse	\$284.39	
46505	Injection Of Agent To Destroy Nerves To Internal Sphincter Of Anus	\$276.78	
46600	Diagnostic Examination Of The Anus Using An Endoscope	\$88.99	
46601	Diagnostic Examination Of Anus With Magnification And Chemical Agent Enhancement Using An Endoscope	\$146.73	
46604	Anoscopy; With Dilation (Eg, Balloon, Guide Wire, Bougle)	\$680.74	
46606	Anoscopy, With Biopsy, Single Or Multiple	\$279.38	
46607	Biopsies Of Anus With Magnification And Chemical Agent Enhancement Using An Endoscope	\$223.74	
	Anoscopy; With Removal Of Foreign Body	\$290.22	
46610	Anoscopy; With Removal Of Single Tumor, Polyp, Or Other Lesion By Hot Biopsy Forceps Or Bipolar Cautery	\$274.93	
46611	Anoscopy; With Removal Of Single Tumor, Polyp, Or Other Lesion By Snare Technique	\$222.69	
46612	Anoscopy; With Removal Of Multiple Tumors, Polyps, Or Other Lesions By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique	\$333.42	
46614	Anoscopy; With Control Of Bleeding (Eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	\$164.78	
	Anoscopy; With Ablation Of Tumor(S), Polyp(S), Or Other Lesion(S) Not Amenable To Removal By Hot Biopsy Forceps, Bipolar Cautery Or		
46615	Snare Technique	\$175.92	
	Plastic Repair Of Anal Stricture, Adult	\$605.26	
46705	Plastic Repair Of Anal Stricture, Infant	\$522.45	
46706	Repair Of Abnormal Anal Drainage Tract With Tissue Glue	\$161.93	
46707	Repair Of Abnormal Anal Drainage Tract With Implanted Plug	\$461.83	
46707	1 0	Ф401.03	
40740	Repair Of Abnormal Drainage Tract Or Pocket From Surgically Created Of Small Intestinal Reservoir For Feces, Via Incision Of Region	#000 40	
46710	Between Thighs (Combined Abdominoperineal Approach)	\$996.43	
	Repair Of Abnormal Drainage Tract Or Pocket From Surgically Created Of Small Intestinal Reservoir For Feces, Via Incision Of Abdomen And	_	
	Region Between Thighs (Combined Abdominoperineal Approach)	\$1,973.16	
46715	Repair Of Low Imperforate Anus; With Anoperineal Fistula ("Cut-Back" Procedure)	\$506.02	
46716	Repair Of Low Imperforate Anus; With Transposition Of Anoperineal Or Anovestibular Fistula	\$1,042.98	
46730	Repair Of Absence Of Opening In Anus, Via Incision Of Region Between Thighs Or Below Sacrum (Perineal Or Sacroperineal Approach)	\$1,663.78	
	Repair Of Absence Of Opening In Anus, Via Incision Of Abdomen And Region Between Thighs And Below Sacrum (Combined Abdominal And		
46735	Sacroperineal Approach)	\$2,039.29	
	Repair Of Absence Of Opening In Anus And Abnormal Opening From Rectum Into Urethra Or Vagina, Approached Through Region Between	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
46740	Thighs Or Below Sacrum (Perineal Or Sacroperineal Approach)	\$2,021.55	
101 10	Repair Of Absence Of Opening In Anus And Abnormal Opening From Rectum Into Urethra Or Vagina, Approached Through Abdomen Or	ψ2,021.00	
46742	Below Sacrum (Combined Abdominal And Sacroperineal Approach)	\$2,230.28	
70772	Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum	Ψ2,230.20	
16711	Repair of Defect For Single Chainter Order of Rectain, Vagina, And Onitary Had, Via incision of Region Between Highs of Below Saddin (Perineal Or Sacroperineal Approach)	¢2 121 10	
46744		\$3,131.19	
40740	Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum	\$0.507.00	
46746	(Combined Abdominal And Sacroperineal Approach)	\$2,527.38	
	Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum	_	
46748	(Combined Abdominal And Sacroperineal Approach) With Lengthening Of Vagina	\$3,731.61	
46750	Repair Of Anal Muscle For Incontinence Or Prolapse, Adult	\$687.19	
46751	Repair Of Anal Muscle For Incontinence Or Prolapse, Child	\$608.55	
46753	Graft (Thiersch Operation) For Rectal Incontinence And/Or Prolapse	\$561.96	
46754	Removal Of Thiersch Wire Or Suture	\$330.91	
	Repair Of Anal Muscle To Correct Incontinence, Adult With Muscle Transplant	\$1,014.92	
46761	Repair Of Anal Muscle To Correct Incontinence, Adult With Muscle Tightening	\$834.82	
46900	Chemical Destruction Of Tissue Abnormalities Of Anus		
		\$214.25	
46910	Destruction Of Tissue Abnormalities Of Anus	\$186.99	
46916	Electrical Destruction Of Tissue Abnormalities Of Anus	\$251.46	
46917	Laser Destruction Of Tissue Abnormalities Of Anus	\$426.14	
46922	Removal Of Tissue Abnormalities Of Anus	\$223.70	
46924	Extensive Destruction Of Tissue Abnormalities Of Anus	\$536.84	
46930	Heat Destruction Of Internal Hemorrhoids	\$207.15	
46940	Repair Of Anal Tear With Dilation Of Anal Muscle, Initial	\$254.57	
46942	Repair Of Anal Tear With Dilation Of Anal Muscle, Subsequent	\$243.21	
46945	Tying Of Single Internal Hemorrhoid Group	\$319.45	
	Tying Of Multiple Internal Hemorrhoid Groups	\$263.16	
46946	Tying Of Multiple Internal Hemorrhoid Groups Stapling Of Internal Hemorrhoid		
46947	1 0	\$353.72	
46948	Tying Of Arteries To Internal Hemorrhoid	\$448.61	
46999	Unlisted Procedure, Anus	Price By Report	
47000	Needle Biopsy Of Liver, Accessed Through The Skin	\$303.10	
	Biopsy Of Liver, Needle; When Done For Indicated Purpose At Time Of Other Major Procedure (List Separately In Addition To Code For		
	Primary Procedure)	\$100.52	
47010	Drainage Of Liver Abscess Or Cyst, Open Procedure	\$1,083.73	
47015	Laparotomy, With Aspiration And/Or Injection Of Hepatic Parasitic (Eg, Amoebic Or Echinococcal) Cyst(S) Or Abscess(Es)	\$1,041.27	
	Biopsy Of Liver, Wedge	\$559.42	
47120	Hepatectomy, Resection Of Liver; Partial Lobectomy		
		\$1,517.18	
47122	Hepatectomy, Resection Of Liver Trisegmentectomy	\$3,027.82	
47125	Hepatectomy, Resection Of Liver; Total Left Lobectomy	\$2,711.06	
47130	Hepatectomy, Resection Of Liver; Total Right Lobectomy	\$2,910.48	
47133	Donor Hepatectomy (Including Cold Preservation), From Cadaver Donor	Price By Report	
47135	Transplantation Of Donor Liver To Anatomic Position	\$5,036.71	PA Required
47140	Donor Hepatectomy (Including Cold Preservation), From Living Donor; Left Lateral Segment Only (Segments li And lii)	\$3,152.50	
47141	Donor Hepatectomy, With Preparation And Maintenance Of Allograft, From Living Donor; Total Left Lobectomy (Segments Ii, Iii And Iv)	\$3,765.96	
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47712 Removal Of Growth From Bile Duct Within Liver \$1,768.24 47715 Excision Of Choledochal Cyst \$1,108.99 47720 Cholecystoenterostomy; Direct \$1,033.50 47721 Cholecystoenterostomy; With Gastroenterostomy \$1,207.91 47740 Cholecystoenterostomy; Roux-En-Y \$1,171.64 47741 Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy \$1,314.12 47760 Connection Of Bile Duct External To Liver To Small Intestine \$1,866.72 47785 Connection Of Bile Duct Within Liver To Small Intestine \$2,675.42 47785 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$2,848.02	47711			
47720 Cholecystoenterostomy; Direct \$1,033.50 47721 Cholecystoenterostomy; With Gastroenterostomy \$1,207.91 47740 Cholecystoenterostomy; Roux-En-Y \$1,171.64 47741 Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy \$1,314.12 47760 Connection Of Bile Duct External To Liver To Small Intestine \$1,866.72 47765 Connection Of Bile Duct Within Liver To Small Intestine \$2,675.42 47780 End-To-Side Connection Of Bile Duct External To Liver To Small Intestine \$1,600.96 47785 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$2,848.02	47712			
47721 Cholecystoenterostomy; With Gastroenterostomy \$1,207.91 47740 Cholecystoenterostomy; Roux-En-Y \$1,171.64 47741 Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy \$1,314.12 47760 Connection Of Bile Duct External To Liver To Small Intestine \$1,866.72 47780 End-To-Side Connection Of Bile Duct External To Liver To Small Intestine \$2,675.42 47780 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$1,600.96 47785 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$2,848.02	47715	Excision Of Choledochal Cyst	\$1,108.99	
47740 Cholecystoenterostomy; Roux-En-Y \$1,171.64 47741 Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy \$1,314.12 47760 Connection Of Bile Duct External To Liver To Small Intestine \$1,866.72 477765 Connection Of Bile Duct Within Liver To Small Intestine \$2,675.42 47780 End-To-Side Connection Of Bile Duct External To Liver To Small Intestine \$1,600.96 47785 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$2,848.02	47720	Cholecystoenterostomy; Direct	\$1,033.50	
47741 Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy \$1,314.12 47760 Connection Of Bile Duct External To Liver To Small Intestine \$1,866.72 47765 Connection Of Bile Duct Within Liver To Small Intestine \$2,675.42 47780 End-To-Side Connection Of Bile Duct External To Liver To Small Intestine \$1,600.96 47785 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$2,848.02				
47760 Connection Of Bile Duct External To Liver To Small Intestine \$1,866.72 47765 Connection Of Bile Duct Within Liver To Small Intestine \$2,675.42 47780 End-To-Side Connection Of Bile Duct External To Liver To Small Intestine \$1,600.96 47785 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$2,848.02		, ,		
47765 Connection Of Bile Duct Within Liver To Small Intestine \$2,675.42 47780 End-To-Side Connection Of Bile Duct External To Liver To Small Intestine \$1,600.96 47785 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$2,848.02				
47780 End-To-Side Connection Of Bile Duct External To Liver To Small Intestine \$1,600.96 47785 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$2,848.02				
47785 End-To-Side Connection Of Bile Duct Within Liver To Small Intestine \$2,848.02	47780			
47800 Reconstruction, Plastic, Of Extrahepatic Biliary Ducts With End-To-End Anastomosis \$1,379.62	47785	End-To-Side Connection Of Bile Duct Within Liver To Small Intestine		
	47800	Reconstruction, Plastic, Of Extrahepatic Biliary Ducts With End-To-End Anastomosis	\$1,379.62	

Code	Description	Fee	Prior Auth Status
47801	Placement Of Choledochal Stent	\$998.55	
47802	U-Tube Hepaticoenterostomy	\$1,358.56	
47900	Suture Of Extrahepatic Biliary Duct For Pre-Existing Injury (Separate Procedure)	\$1,214.99	
47999 48000	Unlisted Procedure, Biliary Tract Insertion Of External Drains From Gallbladder, Bile Duct And Small Bowel For Acute Pancreatitis	Price By Report \$1,665.68	
48000	Insertion of External Drains Around Pancreas For Acute Pancreatitis	\$2,035.55	
48020	Removal Of Pancreatic Calculus	\$1,051.60	
48100	Biopsy Of Pancreas, Open Procedure	\$786.36	
48102	Needle Biopsy Of Pancreas, Accessed Through The Skin	\$464.11	
48105	Debride/Resect Pancreas	\$2,523.13	
48120	Excision Of Lesion Of Pancreas (Eg, Cyst, Adenoma)	\$981.55	
48140	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; Without Pancreaticojejunostomy	\$1,359.94	
48145	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; With Pancreaticojejunostomy	\$1,447.90	
48146	Partial Removal Of Pancreas With Connection Of Pancreas To Small Bowel, With Preservation Of First Part Of Small Intestine (Duodenum)	\$1,679.70	
48148	Excision Of Ampulla Of Vater	\$1,113.77	
48150	Partial Removal Of Pancreas, Bile Duct And Small Bowel With Connection Of Pancreas To Small Bowel	\$2,924.79	
48152	Partial Removal Of Pancreas, Bile Duct And Small Bowel Without Connection Of Pancreas To Small Bowel	\$2,558.17	
48153	Near Total Removal Of Pancreas, Bile Duct And Small Bowel With Connection Of Pancreas To Small Bowel	\$2,924.79	
48154	Partial Removal Of Pancreas, Bile Duct, And Small Bowel	\$2,569.32	
48155	Pancreatectomy, Total;	\$1,622.43	
48160	Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells	Price By Report	PA Required
48400	Injection Procedure For Intraoperative Pancreatography (List Separately In Addition To Code For Primary Procedure)	\$93.32	
48500	Marsupialization Of Pancreatic Cyst	\$1,029.04	
48510	Insertion Of Drain From Pancreatic Cyst Into Abdominal Cavity, Open Procedure	\$982.47	
48520	Creation Of Drainage Tract From Pancreatic Cyst To Small Bowel, Direct	\$979.00	
48540	Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Roux-En-Y	\$1,160.04	
48545	Pancreatorrhaphy For Injury	\$1,196.50	
48547	Duodenal Exclusion With Gastrojejunostomy For Pancreatic Injury	\$1,585.82	
48548	Pancreaticojejunostomy Side To Side	\$1,481.56	
48550	Donor Pancreatectomy (Including Cold Preservation), With Or Without Duodenal Segment For Transplantation	Price By Report	
40554	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Including Dissection Of Allograft From	#000 0T	PA Required
48551	Surrounding Soft Tissues, Splenectomy, Duodenotomy, Ligation Of Bile Duct, Ligation Of Mesenteric Vessels, And Y-Gr Preparation Of Donor Pancreas For Transplantation, Each	\$232.95	DA Bossissi
48552			PA Required
48554	Transplantation Of Pancreatic Allograft Removed Of Transplanted Pancreatic Allograft		PA Required
48556 48999	Removal Of Transplanted Pancreatic Allograft Unlisted Procedure, Pancreas		PA Required
	Exploratory Laparotomy, Exploratory Celiotomy (Separate Procedure)	Price By Report	PA Required
49000	Reopening Of Recent Laparotomy	\$763.31	
49002		\$732.02	
49010	Exploration, Retroperitoneal Area (Separate Procedure)	\$774.72	
49013	Exploration And Packing Of Wound In Pelvic Region	\$398.72	
49014	Re-Exploration Of Wound In Pelvic Region With Removal Of Wound Packing And Repacking, If Necessary	\$362.80	
49020	Drainage Of Abdominal Abscess Or Infection, Open Procedure	\$1,041.17	
49040	Drainage Of Abscess Of Muscle Separating Chest And Abdomen (Diaphragm), Open Procedure	\$898.04	
49060 49062	Drainage Of Abscess Behind Abdominal Cavity, Open Procedure Drainage Of Accumulated Abdominal Lymph Fluid, Open Procedure	\$718.52 \$685.51	
49082	Abdominal Paracentesis (Diagnostic Or Therapeutic); Without Imaging Guidance	\$223.84	
49083	Abdominal Paracentesis (Diagnostic Or Therapeutic); With Imaging Guidance	\$321.43	
49084	Peritoneal Lavage, Including Imaging Guidance, When Performed	\$94.36	
49064		\$94.50	
49180	Needle Biopsy Of Abdominal Cavity Growth, Accessed Through The Skin	\$143.28	
49185	Injection Of Abnormal Fluid Accumulation Using Imaging Guidance With Radiological Supervision And Interpretation	\$1,289.47	
49203	Removal Or Destruction Of (5 Centimeters Or Less) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Procedure	\$1,240.03	
49204	Removal Or Destruction Of (5.1 To 10.0 Centimeters) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Abdominal Procedure	\$1,356.72	
49205	Removal Or Destruction Of (Greater Than 10.0 Centimeters) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Procedure	\$1,553.24	
49215	Excision Of Presacral Or Sacrococcygeal Tumor	\$1,793.82	
49250	Umbilectomy, Omphalectomy, Excision Of Umbilicus (Separate Procedure)	\$534.43	
49255	Omentectomy, Epiploectomy, Resection Of Omentum (Separate Procedure)	\$670.53	
40000	Laparoscopy, Abdomen, Peritoneum, And Omentum, Diagnostic, With Or Without Collection Of Specimen(S) By Brushing Or Washing	****	
49320	(Separate Procedure)	\$327.74 \$344.34	
49321	Laparoscopy, Surgical; With Biopsy (Single Or Multiple)	*	
49322	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Aspiration Of Cavity Or Cyst (Eg., Ovarian Cyst) (Single Or Multiple)	\$373.74	
49323	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Drainage Of Lymphocele To Peritoneal Cavity	\$569.38	
49324	Laparoscopy, Surgical; With Insertion Of Tunneled Intraperitoneal Catheter Lapaorscopy Surgical; With Revision Of Previously Placed Intraperitoneal Connula Or Catheter, With Removal Of Intraluminal Material	\$394.57	
49325	Lapaorscopy Surgical; With Revision Of Previously Placed Intraperitoneal Connula Or Catheter, With Removal Of Intraluminal Material Performed	\$368.12	
49325	Laparoscopy, Surgical; With (Omental Tacking Procedure)(List Separately In Addition To Code For Primary Procedure)	\$368.12 \$182.73	
433∠b	Laparoscopy, Surgical, With Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter), Intra-	φ18∠./3	
49327	Abdominal, Intrapelvic, And/Or Retroperitoneum, Including Imaging Guidance, If Performed, Single Or Multiple (List Sep	\$113.75	
49329	Unlisted Laparoscopy Procedure, Abdomen, Peritoneum And Omentum	Price By Report	
49400	Uniscided Explanatory in Contrast Into Peritoneal Cavity (Separate Procedure)	\$144.20	
49400	Removal Of Perit. Body From Cavity	\$760.63	
49405	Fluid Collection Drainage By Catheter Using Imaging Guidance, Accessed Through The Skin	\$987.68	
49406	Fluid Collection Drainage Of The Abdominal Region By Catheter Using Imaging Guidance, Accessed Through The Skin	\$758.84	
49407	Fluid Collection Drainage By Catheter Using Imaging Guidance, Accessed Through Vagina Or Rectum	\$638.35	
49411	Insertion Of Devices In Abdominal Cavity For Radiation Therapy Guidance, Accessed Through The Skin	\$470.19	
49412	Insertion Of Devices For Radiation Therapy Guidance In Abdominal Cavity, Open Procedure	\$71.79	
70-712	Insertion Of Tunneled Intraperitoneal Catheter (Eg, Dialysis, Intraperitoneal Chemotherapy Instillation, Management Of Ascites), Complete	ψ11.79	
49418	Procedure, Including Imaging Guidance, Catheter Placement, Contrast Injection When Performed, And Radiological	\$1,099.50	
49419	Insertion Of Tunneled Intraperitoneal Catheter, With Subcutaneous Port (le, Totally Implantable)	\$382.92	
49421	Insertion Of Abdominal Cavity Catheter For Drainage or Dialysis, Open Procedure	\$198.62	
49422	Removal Of Tunneled Intraperitoneal Catheter	\$216.43	
49423	Exchange Of Previously Placed Abscess Or Cyst Drainage Catheter Under Radiological Guidance (Separate Procedure)	\$577.14	
49424	Contrast Injection For Assessment Of Abscess Or Cyst Via Previously Placed Drainage Catheter Or Tube (Separate Procedure)	\$190.41	
49425	Insertion Of Peritoneal-Venous Shunt	\$654.00	
49426	Revision Of Peritoneal-Venous Shunt	\$600.51	
49420			

Code			
	Description	Fee	Prior Auth Status
49427	Injection Procedure (Eg, Contrast Media) For Evaluation Of Previously Placed Peritoneal-Venous Shunt	\$35.03	
49428	Ligation Of Peritoneal-Venous Shunt	\$384.15	
49429	Removal Of Peritoneal-Venous Shunt	\$407.33	
49435	Insertion Of Abdominal Cavity Catheter Extension, Beneath The Skin	\$103.49	
49436	Creation Of Exit Site For Catheter In Abdominal Cavity	\$487.38	
49440	Insertion Of Stomach Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$926.42	
49441	Insertion Of Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$1,044.59	
49442	Insertion Of Large Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$885.80	
49446	Conversion Of Stomach Tube To Stomach-To-Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$891.95	
49450	Replacement Of Stomach Or Large Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$670.83	
49451	Replacement Of Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$731.47	
49452	Replacement Of Stomach-To-Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$917.95	
49460	Mechanical Removal Of Obstructive Material From Stomach, Large, Or Small Bowel Tube Using Fluoroscopic Guidance	\$677.87	
49465	Contrast Injections For X-Ray Imaging Through Existing Tube In Stomach, Small Bowel Or Large Bowel, Accessed Through Skin	\$147.80	
	Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestation At Birth), Performed From Birth Up To 50 Weeks Post-	^===	
49491	Conceptual Age, With Or Without Hydrocelectomy; Reducible	\$757.88	
40.400	Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestation At Birth), Performed From Birth Up To 50 Weeks Post-	0050.00	
49492	Conceptual Age, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	\$856.60	
40.405	Repair, Initial Inguinal Hernia, Full Term Infant Under Age 6 Months, Or Preterm Infant Over 50 Weeks Postconceptual Age And Under Age 6 Months At The Time Of Surgary, With Or Without Huttenselectory, Poderwilde	0.407.00	
49495	Months At The Time Of Surgery, With Or Without Hydrocelectomy; Reducible	\$407.62	
49496	Repair Initial Inguinal Hernia, Under Age 6 Months, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	\$554.26	
49500	Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or Without Hydrocelectomy; Reducible	\$417.51	
49501	Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	\$538.85	
49505	Repair Initial Inguinal Hernia, Age 5 Years Or Over; Reducible	\$522.05	
49507	Repair Initial Inguinal Hernia, Age 5 Years Or Over; Incarcerated Or Strangulated	\$540.78	
49520	Repair Of Groin (Inguinal) Hernia That Is Not Trapped	\$551.50	
49521	Repair Of Trapped Or Strangulated Groin Hernia (Inguinal)	\$601.02	
49525	Repair Inguinal Hernia, Sliding, Any Age	\$514.86	
49540	Repair Lumbar Hernia	\$607.03	
49550	Repositioning Of Initial Femoral Groin Hemia, Not Trapped	\$517.47	
49553	Repositioning Of Initial Femoral Groin Hernia, Trapped	\$567.40	
49555	Repositioning Of Recurrent Femoral Groin Hernia, Not Trapped	\$542.29	
49557	Repositioning Of Recurrent Femoral Groin Hernia, Trapped	\$647.28	
49591	Initial Repair Of Sliding Hernia Of Abdomen, Less Than 3 Cm In Length	\$282.96	
49592	Initial Repair Of Entrapped Hernia Of Abdomen, Less Than 3 Cm In Length	\$392.43	
49593	Initial Repair Of Sliding Hernia Of Abdomen, 3-10 Cm In Length	\$473.11	
49594	Initial Repair Of Entrapped Hernia Of Abdomen, 3-10 Cm In Length	\$614.77	
49595	Initial Repair Of Sliding Hernia Of Abdomen, More Than 10 Cm In Length	\$635.96	
49596	Initial Repair Of Entrapped Hernia Of Abdomen, More Than 10 Cm In Length	\$844.66	
49600	Repair Of Small Omphalocele, With Primary Closure	\$658.41	
49605	Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, With Or Without Prosthesis	\$5,005.58	
49606	Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, In Operating Room	\$1,099.67	
49610	Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, First Stage	\$621.60	
49610	Repair Of Fluid Accumulation of Abdominal Wall Defect At Navel, First Stage	\$549.48	
	Repair Of Note Accommend of Abdomen, Less Than 3 Cm In Length	\$349.46	
49613	Repair of Recurrent Entrapped Hernia Of Abdomen, Less Than 3 Cm In Length	\$471.90	
49615	Repair of Recurrent Sliding Hernia of Abdomen, 2-10 Cm In Length	\$527.88	
49616	Repair of Recurrent Entrapped Hernia Of Abdomen, 3-10 Christophin	\$707.74	
49617	Repair Of Recurrent Stiding Hernia Of Abdomen, More Than 10 Cm In Length	\$731.23	
49618	Repair of Recurrent Entrapped Hernia Of Abdomen, More Than 10 Cm In Length	\$1,022.67	
49621	Repair Of Sliding Hemia Next To Stoma	\$617.49	
49622	Repair Of Entrapped Hernia Next To Stoma	\$761.98	
49623	Removal Of Mesh At Same Time As Hernia Repair	\$164.01	
49650	Laparoscopy, Surgical; Repair Initial Inguinal Hernia	\$433.30	
	Laparoscopy, Surgical; Repair Recurrent Inguinal Hernia		
49651 49659	Unlisted Laparoscopy Procedure, Hernioplasty, Herniorhaphy, Herniotomy	\$551.50 \$1,235.25	
	Suture, Secondary, Of Abdominal Wall For Evisceration Or Dehiscence		
49900		\$693.87	
49904	Omental Flap, Extra-Abdominal (Eg, For Reconstruction Of Sternal And Chest Wall Defects)	\$1,382.69	
49905	Omental Flap, Intra-Abdominal (List Separately In Addition To Code For Primary Procedure)	\$343.75	
49906	Free Omental Flap With Microvascular Anastomosis	\$1,971.90	
49999	Unlisted Procedure, Abdomen, Peritoneum And Omentum Renel Employeting, Net Necessiteting Other Specific Procedures	Price By Report	
50010	Renal Exploration, Not Necessitating Other Specific Procedures	\$643.27	
50020	Incision And Drainage Of Kidney Abscess, Open Procedure	\$924.27	
50040	Nephrostomy, Nephrotomy With Drainage	\$841.79	
50045	Incision Into Kidney With Exploration	\$848.23	
	, ,		
50060	Nephrolithotomy; Removal Of Calculus	\$1,034.20	
50060 50065	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus	\$1,095.97	
50060 50065 50070	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality	\$1,095.97 \$1,074.92	
50060 50065 50070 50075	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy)	\$1,095.97 \$1,074.92 \$1,320.57	
50060 50065 50070	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin	\$1,095.97 \$1,074.92	
50060 50065 50070 50075	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy)	\$1,095.97 \$1,074.92 \$1,320.57	
50060 50065 50070 50075 50080	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36	
50060 50065 50070 50075 50080 50081	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44	
50060 50065 50070 50075 50080 50081 50100	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure)	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55	
50060 50065 50070 50075 50080 50081 50100 50120	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29	
50060 50065 50070 50075 50080 50081 50100 50120 50125	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration Incision Into Renal Pelvis Of A Kidney With Drainage	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29 \$893.53	
50060 50065 50070 50075 50080 50081 50100 50120 50125 50130	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29 \$893.53	
50060 50065 50070 50075 50080 50081 50100 50120 50125 50130 50135 50200	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration Incision Into Renal Pelvis Of A Kidney With Drainage Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormality) Needle Biopsy Of Kidney, Accessed Through The Skin	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29 \$893.53 \$938.36 \$1,018.16 \$378.59	
50060 50065 50070 50075 50080 50081 50120 50125 50130 50135 50200 50205	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration Incision Into Renal Pelvis Of A Kidney With Drainage Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormality) Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29 \$893.53 \$938.36 \$1,018.16 \$378.59 \$672.66	
50060 50065 50070 50075 50080 50081 50100 50120 50125 50130 50135 50200	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus Pyelotomy; Complicated (Eg. Secondary Operation, Congenital Kidney Abnormality) Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29 \$893.53 \$938.36 \$1,018.16 \$378.59	
50060 50065 50070 50075 50080 50120 50125 50130 50135 50200 50205	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration Incision Into Renal Pelvis Of A Kidney With Drainage Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormality) Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Complicated Because Of Previous Surgery On Same	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29 \$893.53 \$938.36 \$1,018.16 \$378.59 \$672.66	
50060 50065 50070 50075 50080 50081 50120 50125 50130 50135 50200 50205	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration Incision Into Renal Pelvis Of A Kidney With Drainage Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus Pyelotomy; Complicated (Eg. Secondary Operation, Congenital Kidney Abnormality) Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Complicated Because Of Previous Surgery On Same Kidney	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29 \$893.53 \$938.36 \$1,018.16 \$378.59 \$672.66	
50060 50065 50070 50075 50080 50081 50100 50120 50125 50135 50200 50220 50225	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration Incision Into Renal Pelvis Of A Kidney With Drainage Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormality) Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Complicated Because Of Previous Surgery On Same	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29 \$893.53 \$938.36 \$1,018.16 \$378.59 \$672.66 \$950.64	
50060 50065 50070 50075 50080 50120 50125 50130 50135 50200 50205	Nephrolithotomy; Removal Of Calculus Removal Of Kidney Stone With Secondary Operation For Calculus Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Complicated By Congenital Kidney Abnormality Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy) Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) Incision Into Renal Pelvis Of A Kidney With Exploration Incision Into Renal Pelvis Of A Kidney With Drainage Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormality) Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure Removal Of Kidney, And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Removal Of Kidney, Lymph Nodes, And/Or Blood Clot From Major Vein (Vena Cava) With Partial Removal Of Urinary Duct (Ureter), Open	\$1,095.97 \$1,074.92 \$1,320.57 \$877.36 \$1,288.44 \$963.55 \$863.29 \$893.53 \$938.36 \$1,018.16 \$378.59 \$672.66	

Code 50240			
50240	Description		Prior Auth Status
	Nephrectomy, Partial	\$1,337.33	
50250	Destruction Of 1 Or More Growths In Kidney, Open Procedure	\$1,105.14	
50280	Removal Or Unroofing Of Kidney Cysts	\$869.33	
50290	Excision Of Perinephric Cyst	\$818.00	
50320	Removal Of Donor Kidney, Open Procedure	\$1,358.83	
50323	Fat, Diaphragmatic And Retroperitoneal Attachments, Excision Of Adrenal Gland, And Preparation Of Ureter(S), Re	\$255.62	
50325	Preparation Of Donor Kidney For Transplantation, Open Or Endoscopic Procedure	\$511.32	
50327	Preparation Of Donor Kidney For Transplantation, Venous Connection	\$210.38	
50328	Preparation Of Donor Kidney For Transplantation, Arterial Connection	\$166.07	
50329	Preparation Of Donor Kidney For Transplantation, Ureteral Connection	\$157.96	
50340	Recipient Nephrectomy (Separate Procedure)	\$858.84	
50360	Renal Allotransplantation, Implantation Of Graft; Without Recipient Nephrectomy	\$2,196.27	
50365	Renal Homotransplantation, Implantation Of Graft With Recipient Nephrectomy	\$2,582.43	
50370	Removal Of Transplanted Renal Allograft	\$1,086.97	
50380	Renal Autotransplantation, Reimplantation Of Kidney	\$1,336.05	
00000	Removal And Replacement Of Indwelling Stent In Urinary Duct (Ureter) Including Radiological Supervision And Interpretation, Accessed	ψ1,000.00	
50382	Through The Skin	\$1,008.35	
50384	Removal Of Indwelling Stent In Urinary Duct (Ureter) Including Radiological Supervision And Interpretation, Accessed Through The Skin	\$861.48	
	Removal (Via Snare/Capture) And Replacement Of Internally Dwelling Ureteral Stent Via Transurethral Approach, Without Use Of Cystoscopy,	400.11.10	
50385	Including Radiological Supervision And Interpretation	\$1,013.55	
	Removal (Via Snare/Capture) Of Internally Dwelling Ureteral Stent Via Transurethral Approach, Without Use Of Cystoscopy, Including	\$1,01010	
50386	Radiological Supervision And Interpretation	\$747.84	
	Removal And Replacement Of Stent In Kidney And Urinary Duct (Ureter) Using Fluoroscopic Guidance Including Radiological Supervision And	4	
50387	Interpretation	\$564.09	
50389	Removal Of Nephrostomy Tube, Requiring Fluoroscopic Guidance (Eg, With Concurrent Indwelling Ureteral Stent)	\$349.68	
50390	Aspiration And/Or Injection Kidney Cyst, Accessed Through The Skin	\$96.15	
50391	Instillations Of Drug Into Kidney And/Or Urinary Duct (Ureter)	\$115.76	
50396	Manometric Studies Through Nephrostomy Or Pyelostomy Tube, Or Indwelling Ureteral Catheter	\$106.69	
55550	Pyeloplasty; (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With Or Without Plastic Operation On Ureter, Nephropexy,	ψ100.09	
50400	Nephrostomy, Pyelostomy, Or Ureteral Splinting	\$1,165.36	
50405	Pyeloplasty; Complicated (Congenital Kidney Abnormality, Secondary Pyeloplasty, Solitary Kidney)	\$1,405.56	
00.00	Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct (Ureter) Using Imaging Guidance Including Radiological Supervision And	\$1,100.00	
50430	Interpretation, New Access	\$628.78	
00100	Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct (Ureter) Using Imaging Guidance Including Radiological Supervision And	Ψ020.70	
50431	Interpretation, Existing Access	\$237.77	
30431	morphotation, Existing Notices	Ψ231.11	
50432	Placement Of Catheter Of Kidney, Accessed Through The Skin Using Imaging Guidance With Radiological Supervision And Interpretation	\$931.80	
30432	Placement of Catheter of Kidney And Urinary Tube (Ureter), Accessed Through The Skin Using Imaging Guidance With Radiological	ψ351.00	
50433	Supervision And Interpretation	\$1,254.98	
30433	Conversion Of Nephrostomy Catheter To Nephroureteral Catheter Accessed Through The Skin Using Imaging Guidance With Study Of Kidney	\$1,234.90	
50434	Conversion of Interpretation of the Principle of the Principle of the Skin Osing Integring Guidance With Study of Notice And Ureter And Radiological Supervision And Interpretation	\$910.71	
50435	Replacement Of Kidney Drainage Catheter Accessed Through The Skin With Imaging And Radiological Supervision And Interpretation	\$522.05	
	Enlargement Of Existing Opening Into Urinary Tract Accessed Through Skin Using Imaging Guidance		
50436	Enlargement of Existing Opening Into Urinary Tract Accessed Through Skin And Creation of New Access Into Urine Collecting System Of	\$136.82	
50437	Kidney, Using Imaging Guidance	\$226.29	
	Nephrorrhaphy, Suture Of Kidney Wound Or Injury		
50500	Closure Of Nephrocutaneous Or Pyelocutaneous Fistula	\$1,112.35	
50520		\$1,031.61	
50525	Closure Of Abnormal Drainage Tract From Kidney To Other Abdominal Organ, Abdominal Approach	\$1,305.53	
50526	Closure Of Abnormal Drainage Tract From Kidney To Other Abdominal Organ, Thoracic Approach		
		\$1,396.87	
50540	Comply in internal Faul Lauranhau Mith Ou With Out Without Displayles to And/Out Other Plantin Property of Light and Out On Constitution	\$1,396.87	
50540	Symphysiotomy For Horseshoe Kidney With Or Without Pyeloplasty And/Or Other Plastic Procedure, Unilateral Or Bilateral (One Operation)	\$1,396.87 \$1,040.85	
50540 50541	Symphysiotomy For Horseshoe Kidney With Or Without Pyeloplasty And/Or Other Plastic Procedure, Unilateral Or Bilateral (One Operation) Laparoscopy, Surgical; Ablation Of Renal Cysts	\$1,396.87	
50541	Laparoscopy, Surgical; Ablation Of Renal Cysts	\$1,396.87 \$1,040.85 \$832.01	
50541 50542	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78	
50541 50542 50543	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73	
50541 50542 50543 50544	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92	
50541 50542 50543 50544 50545	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04	
50541 50542 50543 50544 50545 50546	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69	
50541 50542 50543 50544 50545 50546 50547	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87	
50541 50542 50543 50544 50545 50546 50547 50548	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33	
50541 50542 50543 50544 50545 50546 50547	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87	
50541 50542 50543 50544 50545 50546 50547 50548 50549	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report	
50541 50542 50543 50544 50545 50546 50547 50548	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33	
50541 50542 50543 50544 50545 50546 50547 50548 50549	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report	
50541 50542 50543 50544 50545 50546 50547 50548 50549	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report	
50541 50542 50543 50544 50545 50546 50547 50548 50549 50551	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy, Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report	
50541 50542 50543 50544 50545 50546 50547 50548 50549	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report	
50541 50542 50543 50544 50545 50546 50547 50548 50549 50551 50553	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pertial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report \$332.56 \$356.13	
50541 50542 50543 50544 50545 50546 50547 50548 50549 50551	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report	
50541 50542 50543 50544 50545 50546 50547 50549 50551 50553 50555 50557	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report \$332.56 \$378.93 \$385.59	
50541 50542 50543 50544 50545 50546 50547 50548 50549 50551 50553	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pertial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report \$332.56 \$356.13	
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50541 50542 50543 50544 50545 50546 50547 50549 50551 50553 50555 50557	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report \$332.56 \$378.93 \$385.59	
50541 50542 50543 50544 50545 50546 50547 50548 50549 50551 50553 50555 50561 50562	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Perloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor Renal Endoscopy Through Perlop Reservice Of Perlop Reduced Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report \$332.56 \$378.93 \$385.59 \$436.65	
50541 50542 50543 50544 50545 50546 50547 50563 50553 50555 50557 50561 50562 50570	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Pethodomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ure	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report \$332.56 \$336.13 \$378.93 \$385.59 \$446.65	
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50541 50542 50543 50544 50545 50546 50549 50551 50553 50555 50557 50561 50562	Laparoscopy, Surgical; Ablation Of Renal Cysts Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor Renal Endoscopy Through Petablished Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Serv	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report \$332.56 \$356.13 \$378.93 \$436.65 \$521.21 \$441.12	
50541 50542 50543 50544 50545 50546 50547 50563 50553 50555 50557 50561 50562 50570	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy (Including Cold Preservation), From Living Donor Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropye	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report \$332.56 \$336.13 \$378.93 \$385.59 \$446.65	
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50541 50542 50543 50544 50545 50546 50549 50551 50553 50555 50557 50562 50570 50572 50576 50576 50580	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed Laparoscopy, Surgical; Partial Nephrectomy Laparoscopy, Surgical; Pyeloplasty Removal Of Kidney And Lymph Nodes Using An Endoscope Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillati	\$1,396.87 \$1,040.85 \$832.01 \$1,058.78 \$1,501.73 \$1,249.92 \$1,343.04 \$1,210.69 \$1,688.87 \$1,350.33 Price By Report \$332.56 \$356.13 \$378.93 \$385.59 \$436.65 \$521.21 \$441.12 \$477.25 \$507.26 \$640.85 \$505.95	

Code	Description	Fee	Prior Auth Status
50600	Ureterotomy With Exploration Or Drainage (Separate Procedure)	\$851.84	
50605	Ureterotomy For Insertion Of Indwelling Stent, All Types	\$894.46	
50606	Biopsy Of Urinary Duct Using Imaging Guidance With Radiological Supervision And Interpretation	\$476.84	
50610	Ureterolithotomy; Upper One-Third Of Ureter	\$857.84	
50620	Ureterolithotomy; Middle One-Third Of Ureter	\$820.73	
50630	Ureterolithotomy; Lower One-Third Of Ureter	\$811.14	
50650	Ureterectomy, With Bladder Cuff (Separate Procedure)	\$942.78	
50660	Ureterectomy, Total, Ectopic Ureter, Combination Abdominal, Vaginal And/Or Perineal Approach	\$1,037.25	
50684	Injection Procedure For Ureterography Or Ureteropyelography Through Ureterostomy Or Indvelling Ureteral Catheter	\$123.66	
	Manometric Studies Through Ureterostomy Or Indwelling Ureteral Catheter		
50686		\$134.61	
50688	Change Of Ureterostomy Tube Or Externally Accessible Ureteral Stent Via Ileal Conduit	\$70.91	
50690	Injection Of Bladder And Urinary Duct (Ureter) For X-Ray Imaging	\$106.55	
	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation,		
50693	With Existing Access Site	\$1,169.77	
	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation,		
50694	With New Access Site Without Separate Catheter	\$1,286.32	
	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation,		
50695	With New Access Site And Separate Catheter	\$1,338.80	
50700	Ureteroplasty, Plastic Operation On Ureter (Eg, Stricture)	\$842.44	
50705	Occlusion Of Urinary Duct (Ureter) Using Imaging Guidance With Radiological Supervision And Interpretation	\$1,865.66	
50706	Balloon Dilation Treatment Of Stricture Of Urinary Duct (Ureter) Using Imaging Guidance With Radiological Supervision And Interpretation	\$841.70	
	Urreterolysis, With Or Without Repositioning Of Urster For Retroperitoneal Fibrosis		
50715		\$1,085.33	
50722	Ureterolysis For Ovarian Vein Syndrome	\$925.18	
50725	Ureterolysis For Retrocaval Ureter, With Reanastomosis Of Upper Urinary Tract Or Vena Cava	\$1,000.03	
50727	Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy);	\$468.36	
50728	Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy); With Repair Of Fascial Defect And Hernia	\$662.58	
50740	Connection Of Urinary Duct (Ureter) To Kidney To Dilated Upper End Of Urine Collecting Duct Within Kidney (Renal Pelvis)	\$1,088.55	
50750	Connection Of Urinary Duct (Ureter) To Kidney To Urine-Collecting Space Within Kidney (Renal Calyx)	\$1,046.20	
50760	Unitercontent of minary but (dieter) to drine conecting opace within riddies (reflat dailys)	\$1,135.58	
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50770	Transureteroureterostomy, Anastomosis Of Ureter To Contralateral Ureter Userteroa-outstatemy, Anastomosis Of Sirak Ulater To Bladder	\$1,046.20	
50780	Ureteroneocystostomy; Anastomosis Of Single Ureter To Bladder	\$1,114.75	
50782	Ureteroneocystostomy; Anastomosis Of Duplicated Ureter To Bladder	\$1,084.59	
50783	Ureteroneocystostomy; With Extensive Ureteral Tailoring	\$1,022.85	
50785	Ureteroneocystostomy; With Vesico-Psoas Hitch Or Bladder Flap	\$1,099.09	
50800	Ureteroenterostomy, Direct Anastomosis Of Ureter To Intestine	\$840.71	
	Connection Of Urinary Duct (Ureter) To Large Bowel With Creation Of Intestinal Reservoir For Urine And Opening From Reservoir Through	*	
50810	Wall Of Abdomen Or Region Between Thighs	\$1,251.71	
50815	Connection Of Urinary Duct (Ureter) To Large Bowel	\$1,112.65	
50820	Ureteroileal Conduit (Ileal Bladder), Including Intestine Anastomosis (Bricker Operation)	\$1,321.24	
30620	Continent Diversion, Including Intestine Anastomosis Using Any Segment Of Small And/Or Large Intestine (Kock Pouch Or Camey	\$1,321.24	
F000F		£4 400 00	
50825	Enterocystoplasty)	\$1,492.23	
	Urinary Undiversion (Eg, Taking Down Of Ureteroileal Conduit, Ureterosigmoidostomy Or Ureteroenterostomy With Ureteroureterostomy Or		
50830	Ureteroneo- Cystostomy)	\$1,631.27	
50840	Replacement Of All Or Part Of Ureter By Intestine Segment, Including Intestine Anastomosis	\$1,118.32	
50845	Cutaneous Appendico-Vesicostomy	\$1,267.78	
50860	Ureterostomy, Transplantation Of Ureter To Skin	\$955.45	
50900	Ureterorrhaphy, Suture Of Ureter (Separate Procedure)	\$768.01	
50920	Closure Of Ureterocutaneous Fistula	\$802.49	
50930	Closure Of Ureterovisceral Fistula (Including Visceral Repair)	\$999.71	
50940	Deligation Of Ureter	\$808.06	
50945	Laparoscopy, Surgical, Ureterolithotomy	\$881.11	
50947	Laparoscopy, Surgical, Ureteroneocystostomy With Cystoscopy And Ureteral Stent Placement	\$1,394.10	
50948	Laparoscopy, Surgical; Ureteroneocystostomy Without Cystoscopy And Ureteral Stent Placement	\$1,153.76	
50949	Unlisted Laparoscopy Procedure, Ureter	Price By Report	
30343	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	Frice by Report	
50054		004004	
50951	Service; Office	\$348.81	
	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	_	
50953	Service; With Ureteral Catheterization, Office	\$368.68	
	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic		
50955	Service; With Biopsy, Office	\$392.57	
1	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic		
50957	Service; With Fulguration, With Or Without Biopsy, Office	\$396.17	
	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic		
50961	Service; With Removal Of Foreign Body Or Calculus, Office	\$358.21	<u> </u>
50970	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service;	\$333.19	
50972			
	Insertion Of Catheter Into Urinary Duct (Ureter) Using An Endoscope Through The Mid Ureter Level	\$322.06	
		\$322.06	
	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With		
50974	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy	\$322.06 \$424.75	
50974	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With	\$424.75	
	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy		
50974 50976	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With	\$424.75 \$418.64	
50974 50976 50980	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus	\$424.75 \$418.64 \$320.10	
50974 50976 50980 51020	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material	\$424.75 \$418.64 \$320.10 \$431.45	
50974 50976 50980 51020 51030	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49	
50974 50976 50980 51020 51030 51040	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62	
50974 50976 50980 51020 51030	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure)	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49	
50974 50976 50980 51020 51030 51040	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62	
50974 50976 50980 51020 51030 51040 51045	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure)	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62 \$459.23 \$431.67	
50974 50976 50980 51020 51030 51040 51045 51050 51060	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Edugration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection Transvesical Ureterolithotomy	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62 \$459.23 \$431.67 \$533.37	
50974 50976 50980 51020 51030 51040 51045 51050 51060 51065	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) Cystolihotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection Transvesical Ureterolithotomy Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62 \$459.23 \$431.67 \$533.37 \$531.08	
50974 50976 50980 51020 51030 51040 51045 51050 51060 51065 51080	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) Cystotithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection Transvesical Ureterolithotomy Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus Drainage Of Perivesical Or Prevesical Space Abscess	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62 \$459.23 \$431.67 \$533.7 \$531.08	
50974 50976 50980 51020 51030 51040 51045 51060 51065 51080 51100	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection Transvesical Ureterolithotomy Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus Drainage Of Perivesical Or Prevesical Space Abscess Aspiration Of Bladder; By Needle	\$424.75 \$418.64 \$320.10 \$431.45 \$431.45 \$297.62 \$459.23 \$431.67 \$533.37 \$531.08 \$374.91 \$69.70	
50974 50976 50980 51020 51030 51040 51045 51060 51060 51060 51060 51100 51100	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystostomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection Transvesical Ureterolithotomy Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus Drainage Of Perivesical Or Prevesical Space Abscess Aspiration Of Bladder; By Needle Aspiration Of Bladder; By Trocar Or Intracatheter	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62 \$459.23 \$431.67 \$533.37 \$531.08 \$374.91 \$69.70	
50974 50976 50980 51020 51030 51040 51045 51050 51060 51065 51100 51101 51101	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection Transvesical Ureterolithotomy Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus Drainage Of Perivesical Or Prevesical Space Abscess Aspiration Of Bladder; By Trocar Or Intracatheter Aspiration Of Bladder; With Insertion Of Suprapubic Catheter	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62 \$459.23 \$431.67 \$533.37 \$531.08 \$374.91 \$69.70 \$151.35	
50974 50976 50980 51020 51030 51040 51050 51060 51065 51080 51100 51101 51101 51102 51500	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection Transvesical Ureterolithotomy Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus Drainage Of Perivesical Or Prevesical Space Abscess Aspiration Of Bladder; By Needle Aspiration Of Bladder; By Trocar Or Intracatheter Aspiration Of Bladder; With Insertion Of Suprapubic Catheter Excision Of Urachal Cyst Or Sinus, With Or Without Umbilical Hernia Repair	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62 \$459.23 \$431.67 \$533.37 \$531.08 \$374.91 \$69.70 \$151.35 \$168.85	
50974 50976 50980 51020 51030 51040 51045 51050 51060 51065 51100 51101 51101	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection Transvesical Ureterolithotomy Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus Drainage Of Perivesical Or Prevesical Space Abscess Aspiration Of Bladder; By Trocar Or Intracatheter Aspiration Of Bladder; With Insertion Of Suprapubic Catheter	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62 \$459.23 \$431.67 \$533.37 \$531.08 \$374.91 \$69.70 \$151.35	
50974 50976 50980 51020 51030 51040 51045 51060 51065 51080 51100 51101 51102 51500	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion Cystotomy, Cystotomy With Drainage Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection Transvesical Ureterolithotomy Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus Drainage Of Perivesical Or Prevesical Space Abscess Aspiration Of Bladder; By Needle Aspiration Of Bladder; By Trocar Or Intracatheter Aspiration Of Bladder; With Insertion Of Suprapubic Catheter Excision Of Urachal Cyst Or Sinus, With Or Without Umbilical Hernia Repair	\$424.75 \$418.64 \$320.10 \$431.45 \$434.49 \$297.62 \$459.23 \$431.67 \$533.37 \$531.08 \$374.91 \$69.70 \$151.35 \$168.85	

Code	Description	Fee	Prior Auth Status
51530	Cystotomy; For Excision Of Bladder Tumor	\$702.43	
51535	Incision, Removal, Or Repair Of Abnormal Drainage Tract From Bladder Into Bowel	\$710.71	
51550	Partial Removal Of Bladder, Simple	\$872.79	
51555	Partial Removal Of Bladder, Complicated	\$1,142.77	
51565	Cystectomy, Partial, With Reimplantation Of Ureter(S) Into Bladder (Ureteroneocystostomy)	\$1,170.17	
	Complete Removal Of Bladder	\$1,479.95	
51575	Complete Removal Of Bladder And Lymph Nodes On Both Sides Of Pelvis	\$1,647.16	
51580	Complete Removal Of Bladder With Transplantation Of Urinary Ducts (Ureters)	\$1,717.70	
51585	Complete Removal Of Bladder With Transplantation Of Urinary Ducts (Ureters) And Removal Of Lymph Nodes On Both Sides Of Pelvis	\$1,910.33	
51590	Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Including Intestine Anastomosis;		
51590	Cystectomy, Complete, With Oreteroileal Conduit Or Sigmoid Bladder, Including Mestine Anastomosis; With Bilateral Pelvic Lymphadenectomy,	\$1,746.06	
54505		£4.070.40	
51595	Including External Iliac, Hypogastric And Obturator Nodes	\$1,976.40	
	Removal Of Bladder And Lymph Nodes On Both Sides Of Pelvis With Transplantation Of Urinary Ducts (Ureters) To Small And/Or Large Bowel		
51596	With Creation Of Urinary Opening, Open Procedure	\$2,128.97	
	Removal Of Bladder, Urinary Ducts (Ureters)	\$2,306.80	
51600	Injection Procedure For Cystography Or Voiding Urethrocystography	\$235.14	
51605	Injection Procedure For X-Ray Imaging Of The Bladder And Bladder Canal (Urethra)	\$35.03	
51610	Injection Procedure For Retrograde Urethrocystography	\$91.57	
51700	Bladder Irrigation, Simple, Lavage And/Or Instillation	\$81.07	
51701	Insertion Of Non-Indwelling Bladder Catheter (Eg, Straight Catheterization For Residual Urine)	\$46.43	
	Insertion Of Indwelling Bladder Catheter, Simple	\$65.56	
	Insertion Of Indwelling Bladder Catheter, Complicated	\$152.88	
51705	Simple Change Of Bladder Tube	\$102.04	
	Complicated Change Of Bladder Tube		
51710		\$94.71	
51715	Injection Of Implant Material Beneath Lining Of Bladder And/Or Bladder Canal (Urethra) Using Endoscope	\$266.15	
51720	Instillation Of Anti-Cancer Drug Into Bladder	\$77.77	
51725	Simple Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram)	\$162.73	
51726	Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram)	\$294.51	
51727	Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Bladder Canal (Urethra) Pressure Studies	\$354.82	
51728	Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Voiding Pressure Studies	\$318.01	
	Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Bladder Canal (Urethra) Pressure And Voiding Pressure		
51729	Studies	\$343.13	
51736	Simple Uroflowmetry (Ufr) (Eg, Stop-Watch Flow Rate, Mechanical Uroflowmeter)	\$13.69	
51741	Electronic Assessment Of Bladder Emptying	\$14.19	
51784	Electromyography Studies (Emg) Of Anal Or Urethral Sphincter, Other Than Needle, Any Technique	\$66.91	
	Needle Electromyography Studies (Emg) Of Anal Or Urethral Sphincter, Any Technique		
51785		\$314.88	
51792	Assessment Of Muscle Signal Of Pelvic Nerves	\$194.86	
51797	Voiding Pressure Studies, Intra-Abdominal (le, Rectal, Gastric, Intraperitoneal) (List Separately In Addition To Code For Primary Procedure)	\$206.02	
51798	Measurement Of Post-Voiding Residual Urine And/Or Bladder Capacity By Ultrasound, Non-Imaging	\$11.03	
	Cystoplasty Or Cystourethroplasty, Plastic Operation On Bladder And/Or Vesical Neck (Anterior Y-Plasty, Vesical Fundus Resection), Any		
51800	Procedure, With Or Without Wedge Resection Of Posterior Vesical Neck	\$943.60	
51820	Repair Of Bladder, Bladder Canal (Urethra) And Urinary Duct (Ureter)	\$986.92	
51840	Anterior Vesicourethropexy, Or Urethropexy (Eg, Marshall-Marchetti-Krantz, Burch); Simple	\$641.09	
51841	Anterior Vesicourethropexy, Or Urethropexy (Marshall-Marchetti-Krantz Type); Complicated (Eg, Secondary Repair)	\$741.56	
51845	Abdomino-Vaginal Vesical Neck Suspension, With Or Without Endoscopic Control (Eg, Stamey, Raz, Modified Pereyra)	\$532.94	
51860	Suture Of Wound, Injury, Or Rupture Of The Bladder	\$786.98	
51865	Suture Of Wound, Injury, Or Rupture Of Bladder	\$905.98	
	Closure Of Cystostomy (Separate Procedure)	\$472.04	
	Repair Of Abnormal Trainage Tract From Bladder Into The Vagina, Abdominal Approach	\$751.20	
	Topan of Automina Drainings Hact from Diaddor and the Vagina, Audominiar Approach		
51920		\$696.42	
51925	Closure Of Vesicouterine Fistula; With Hysterectomy	\$990.22	
51940	Closure, Exstrophy Of Bladder	\$1,652.22	
51960	Enterocystoplasty, Including Intestinal Anastomosis	\$1,257.03	
51980	Cutaneous Vesicostomy	\$745.31	
51990	Laparoscopy, Surgical; Urethral Suspension For Stress Incontinence	\$678.88	
	Laparoscopy, Surgical; Sling Operation For Stress Incontinence (Eg, Fascia Or Synthetic)	\$758.51	
51999	Unlisted Laparoscopy Procedure, Bladder	Price By Report	
52000	Cystourethroscopy (Separate Procedure), Office;	\$239.24	
52001	Cystourethroscopy With Irrigation And Evacuation Of Multiple Obstructing Clots	\$430.15	
52005	Insertion Of Catheter Into Urinary Duct (Ureter) Using An Endoscope Through The Bladder Area	\$345.59	
52007	Cystourethroscopy (Separate Procedure), Office; With Ureteral Catheterization And Brush Biopsy Of Ureter Or Renal Pelvis For Cytology	\$442.09	
52010	Cystourethroscopy (Separate Procedure), Office; With Ejaculatory Duct Catheterization	\$371.23	
52204	Cystourethroscopy, With Biopsy; Office	\$271.66	
52214	Destruction Of Tissue In The Bladder, Bladder Canal (Urethra) Or Surrounding Glands Using An Endoscope	\$678.68	
	Cystourethroscopy, With Fulguration (Including Cryosurgery) Or Treatment Of Minor (Less Than 0.5 Cm) Lesion(S), With Or Without Biopsy;	ψο. ο.οο	
52224	Office Office	\$568.46	
V	Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Small Bladder Tumor(S) (0.5 Up To 2.0	ψ500.40	
52234	Cystouretinoscopy, with ruiguration (including Cryosurgery Or Laser Surgery) Anaron Nesscriton Or, Smail biadder Turnor (3) (0.3 Gp 10 2.0 Cm)	\$245.79	
	Cystourethroscopy, With Fulguration (Including Cryosurgery) And/Or Resection Of; Medium Bladder Tumor(S) (2.0 To 5.0 Cm)		
52235		\$287.98	
52240	Cystourethroscopy, With Fulguration (Including Cryosurgery) And/Or Resection Of; Large Bladder Tumor(S)	\$391.43	
52250	Cystourethroscopy With Insertion Of Radioactive Substance, With Or Without Biopsy Or Fulguration	\$215.22	
52260	Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; General Or Conduction (Spinal) Anesthesia	\$210.51	
52265	Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; Local Anesthesia	\$267.05	
52270	Incision Of The Bladder Canal (Urethra) Using An Endoscope, Female	\$410.06	
52275	Incision Of The Bladder Canal (Urethra) Using An Endoscope, Male	\$525.02	
52276	Cystourethroscopy With Direct Vision Internal Urethrotomy	\$264.10	
52277	Cystourethroscopy, With Resection Of External Sphincter (Sphincterotomy)	\$290.51	
	Cystourethroscopy, With Calibration And/Or Dilation Of Urethral Stricture Or Stenosis, With Or Without Meatotomy, With Or Without Injection	+	
52281	Procedure For Cystography, Male Or Female	\$351.54	
52282	Cystourethroscopy, With Insertion Of Permanent Urethral Stent	\$301.97	
	Cystourethroscopy, With Steroid Injection Into Stricture; Office		
52283	Oystoureun oscopy, 1910) oteroid injection into outclare, Office	\$248.92	
	Onto with the control of The Female Health Co		
F0005	Cystourethroscopy For Treatment Of The Female Urethral Syndrome With Any Or All Of The Following: Urethral Meatotomy, Urethral Dilation, Ideas of the Indian American Syndrome With Any Or All Of The Following: Urethral Meatotomy, Urethral Dilation, Ideas of Urethrandow, Junio Of Urethrangoing Contel Ethicain, Lateral Legislance, Of The Pladder Mod. And Education Of United Syndrome Vision and Content Content of Content Content Content (Content Content ***		
52285	Internal Urethrotomy, Lysis Of Urethrovaginal Septal Fibrosis, Lateral Incisions Of The Bladder Neck, And Fulguration Of Urethral	\$272.53	
52287	Cystourethroscopy, With Injection(S) For Chemodenervation Of The Bladder	\$406.16	

Code	Description	Fee	Prior Auth Status
52290	Cystourethroscopy; With Ureteral Meatotomy, Unilateral Or Bilateral	\$219.25	
52300	Removal Or Destruction Of Abnormal Pouches Of Urinary Duct (Ureter) At Bladder, Orthotopic Ureterocele(S), Using An Endoscope	\$251.65	
52301	Removal Or Destruction Of Abnormal Pouches Of Urinary Duct (Ureter) At Bladder, Ectopic Ureterocele(S), Using An Endoscope	\$260.49	
52305	Cystourethroscopy; With Incision Or Resection Of Orifice Of Bladder Diverticulum, Single Or Multiple	\$250.02	
52310	Removal Of Foreign Body, Stone, Or Stent From Bladder Canal (Urethra) Or Bladder Using An Endoscope	\$358.35	
52315	Complicated Removal Of Foreign Body, Stone, Or Stent From Bladder Canal (Urethra) Or Bladder Using An Endoscope	\$386.20	
52317	Crushing, Fragmenting, And Removal Of (Less Than 2.5 Centimeters) Bladder Stone	\$654.07	
52318	Crushing, Fragmenting, And Removal Of Bladder Stones, Complicated Or Larger Than 2.5 Centimeters	\$472.31	
52320	Cystourethroscopy (Including Ureteral Catheterization); With Removal Of Ureteral Calculus	\$246.15	
	Cystourethroscopy (Including Ureteral Catheterization); With Fragmentation Of Ureteral Calculus (Eg, Ultrasonic Or Electro-Hydraulic		
52325	Technique)	\$319.52	
52327	Cystourethroscopy (Including Ureteral Catheterization); With Subureteric Injection Of Implant Material	\$261.71	
52330	Cystourethroscopy; With Manipulation, Without Removal Of Ureteral Calculus	\$586.96	
52332	Cystourethroscopy, With Insertion Of Indwelling Ureteral Stent (Eg, Gibbons Or Double-J Type)	\$436.33	
52334	Cystourethroscopy With Insertion Of Ureteral Guide Wire Through Kidney To Establish A Percutaneous Nephrostomy, Retrograde	\$164.46	
52341	Endoscope Of The Bladder And Urethra Excluding The Ureter To Treat A Stricture Of Ureter	\$255.15	
52342	Cystourethroscopy; With Treatment Of Ureteropelvic Junction Stricture (Eg, Balloon Dilation, Laser, Electrocautery, And Incision)	\$277.75	
52343	Endoscope Of The Bladder And Urethra Excluding The Ureter To Treat A Stricture Within The Kidney	\$309.28	
52344	Endoscope Of The Bladder, Urethra And Ureter To Treat A Stricture Of Ureter	\$332.09	
52345	Endoscope Of The Bladder, Urethra And Ureter To Treat A Stricture Of The Upper Attachment Of The Ureter To The Kidney	\$354.24	
52346	Endoscope Of The Bladder, Urethra And Ureter To Treat A Stricture Within The Kidney	\$401.16	
52351	Diagnostic Examination Of The Bladder, Bladder Canal (Urethra), And Urinary Duct (Ureter) Or Kidney Using An Endoscope	\$302.17	
52352	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Removal Or Manipulation Of Calculus (Ureteral Catheterization Is Included)	\$353.70	
52353	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Lithotripsy (Ureteral Catheterization Is Included)	\$391.43	
52354	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Biopsy And/Or Fulguration Of Ureteral Or Renal Pelvic Lesion	\$416.40	
52355	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Resection Of Ureteral Or Renal Pelvic Tumor	\$419.51	
52356	Crushing Of Stone In Urinary Duct (Ureter) With Stent Using An Endoscope	\$414.95	
52400	Incision, Destruction, Or Removal Of Congenital Bladder And Bladder Canal (Urethra) Defects Using An Endoscope	\$433.34	
52402	Incision Or Removal Of Ejaculatory Ducts Using An Endoscope, Male	\$238.90	
52441	Insertion Of Implant In Bladder Canal (Urethra) Within Prostate Gland Using An Endoscope, Single Implant	\$1,384.44	
52442	Insertion Of Implant In Bladder Canal (Urethra) Within Prostate Gland Using An Endoscope, Each Additional Implant	\$977.75	
52450	Transurethral Incision Of Prostate	\$434.18	
52500	Transurethral Resection Of Bladder Neck (Separate Procedure)	\$450.09	
	Transurethral Electrosurgical Resection Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy,		
52601	Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included)	\$736.83	
	Transurethral Resection; Residual Or Regrowth Of Obstructive Prostate Tissue Including Control Of Postoperative Bleeding, Complete		
52630	(Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included)	\$412.68	
52640	Transurethral Resection; Of Postoperative Bladder Neck Contracture	\$295.55	
	Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral		
52647	Calibration And/Or Dilation, And Internal Urethrotomy Are Included If Performed)	\$1,527.60	
	Laser Vaporization Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral		
52648	Calibration And/Or Dilation, Internal Urethrotomy And Transurethral Resection Of Prostate Are Included If Performed)	\$1,573.87	
	Laser Enucleation Of The Prostate With Morcellation, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy,		
52649	Cystourethroscopy, Urethral Calibration And/Or Dilation, Internal Urethrotomy And Transurethral Resection Of Prostate Are In	\$753.04	
52700	Transurethral Drainage Of Prostatic Abscess	\$404.28	
53000	Urethrotomy Or Urethrostomy, External (Separate Procedure); Pendulous Urethra	\$136.16	
53010	Urethrotomy Or Urethrostomy, External (Separate Procedure); Perineal Urethra, External	\$272.98	
53020	Meatotomy, Cutting Of Meatus (Separate Procedure), Except Infant; Office	\$97.13	
53025	Incision Of External Urinary Opening, Infant	\$61.86	
53040	Drainage Of Deep Periurethral Abscess	\$359.31	
53060	Drainage Of Abscess Or Cyst Of Skene'S Glands, Male	\$173.84	
53080	Drainage Of Abnormal Urine Collection, Uncomplicated	\$385.61	
53085	Drainage Of Abnormal Urine Collection, Complicated	\$593.61	
53200	Biopsy Of Urethra	\$144.70	
53210	Removal Of Bladder And Bladder Canal (Urethra), Female	\$707.46	
	Removal Of Bladder And Bladder Canal (Urethra), Male	\$843.56	
53220	Excision Or Fulguration Of Carcinoma Of Urethra	\$413.44	
53230	Excision Of Urethral Diverticulum (Separate Procedure); Female	\$557.10	
53235	Excision Of Urethral Diverticulum (Separate Procedure); Male	\$598.83	
53240	Marsupialization Of Urethral Diverticulum, Male Or Female	\$389.45	
53250	Removal Of Seminal Fluid Gland	\$363.24	
53260	Excision Or Fulguration; Urethral Polyp(S), Distal Urethra	\$191.27	
53265	Excision Or Fulguration; Urethral Caruncle	\$200.08	
53270	Exemoval Or Destruction Of Bladder Canal (Urethra) Mucous Glands	\$195.85	
53275	Nemoval of Destination in Disduct Carla (Orethra) waccus Glands Excision Or Fulguration; Urethral Prolapse	\$239.99	
53400	Repair Of Bladder Canal (Urethra) For Abnormal Drainage Tract, Pouching, Or Narrowing	\$239.99 \$728.94	
	Urethroplasty; Second Stage (Formation Of Urethra), Including Urinary Diversion		
53405	Reconstruction Of Bladder Canal (Urethra), Male	\$795.07 \$901.57	
53410		\$891.57 \$1.036.56	
53415	Urethroplasty, Transpublic, One Stage, For Reconstruction Or Repair Of Prostatic Or Membranous Urethra	\$1,026.56	
53420	Reconstruction Or Repair Of Prostatic Or Membranous Bladder Canal (Urethra), First Stage	\$765.84	
53425	Reconstruction Or Repair Of Prostatic Or Membranous Bladder Canal (Urethra), Second Stage	\$851.73	
53430	Reconstruction Of Bladder Canal (Urethra), Female	\$882.40	
53431	Repair Of Bladder Canal (Urethra) And/Or Lower Bladder For Incontinence	\$1,046.52	
53440	Sling Operation For Correction Of Male Urinary Incontinence (Eg, Fascia Or Synthetic)	\$686.49	
53442	Removal Or Revision Of Sling For Male Urinary Incontinence (Eg, Fascia Or Synthetic)	\$717.45	
53444	Insertion Of Tandem Cuff (Dual Cuff)	\$723.17	
53445	Insertion Of Inflatable Urethral/Bladder Neck Sphincter, Including Placement Of Pump, Reservoir, And Cuff Reservoir Of Inflatable Urethral/Bladder Neck Sphincter, Including Placement Of Pump, Reservoir, And Cuff Reservoir Of Inflatable Urethral/Bladder Neck Sphincter, Including Placement Of Pump, Reservoir, And Cuff	\$691.15	
53446	Removal Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff Removal And Replacement Of Inflatable Literatural/Bladder Neck Sphincter Including Pump, Reservoir, And Cuff At The Same Operative	\$587.94	
E2447	Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Including Pump, Reservoir, And Cuff At The Same Operative	A70E 00	
53447	Session Session Demonstrated And Perspectation of Inflatable Pladder Const. (Usethra) Or Pladder Neck Sphineter. Through An Infected Field	\$735.82 \$1.150.04	
53448	Removal And Replacement Of Inflatable Bladder Canal (Urethra) Or Bladder Neck Sphincter, Through An Infected Field	\$1,159.04	
53449 53450	Repair Of Inflatable Bladder Canal (Urethra) Or Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff Urethral Meatoplasty, With Mucosal Advancement	\$560.54 \$352.84	
	Insertion Of Adjustable Balloon Continence Device On Both Sides Of Urethra Using Imaging Guidance		DA Boerrine
53451 53452	Insertion Of Adjustable Balloon Continence Device On Both Sides Of Orethra Using Imaging Guidance Insertion Of Adjustable Balloon Continence Device On One Side Of Urethra Using Imaging Guidance	Price By Report Price By Report	
JU4JZ	modition of hajdatable balloon continence before on the olde of oretina dainy imaging duluditie	i noe by Repoll	r A Nequiled

Code			
	Description	Fee	Prior Auth Status
53453	Removal Of Adjustable Balloon Continence Device From Beside Urethra	Price By Report	
53454 53460	Adjustment Of Fluid Volume In Adjustable Balloon Continence Device Beside Urethra Urethral Meatoplasty, With Partial Excision Of Distal Urethral Segment (Richardson Type Procedure)	Price By Report \$419.13	PA Required
53500	Urethrolysis, Transvaginal, Secondary, Open, Including Cystourethroscopy (Eg, Postsurgical Obstruction, Scarring)	\$680.60	
53500	Suture Of Bladder Cand (Urethra) Wound Or Injury, Female	\$444.87	
53502	Suture of Bladder Canal (Urethra) Wound or Injury, Ferniale	\$444.55	
53510	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal	\$578.22	
53515	Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate	\$724.91	
53520	Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male	\$586.57	
53600	Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial	\$82.36	
53601	Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent	\$58.23	
53605	Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male	\$57.51	
53620	Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Initial	\$164.48	
53621	Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent	\$145.23	
53660	Dilation Of Bladder Canal (Urethra), Female, Initial	\$66.99	
53661	Dilation Of Bladder Canal (Urethra), Female, Subsequent	\$69.70	
53665	Dilation Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Female	\$34.49	
53850	Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Microwave	\$1,411.64	
53852	Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Radiofrequency	\$1,375.15	
53854	Destruction Of Prostate Tissue Accessed Through Urethra Using Radiofrequency Generated Water Vapor Heat Therapy	\$1,856.79	
53855	Insertion Of A Temporary Bladder Canal (Urethra) Stent, Male, Using An Endoscope	\$659.93	
53860	Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra For Stress Urinary Incontinence	\$2,416.94	
53899	Unlisted Procedure, Urinary System	Price By Report	
54000	Slitting Of Prepuce, Dorsal Or Lateral, (Separate Procedure); Newborn	\$154.34	
54001	Slitting Of Prepuce, Dorsal Or Lateral, (Separate Procedure); Except Newborn	\$186.63	
54015	Incision And Drainage Of Penis, Deep Chemical Destruction Of Growths Of Penis	\$278.04	
54050 54055	Destruction Of Condylomata, Penis, Multiple; Electrodesiccation	\$98.61 \$128.57	
54055	Destruction Of Condylomata, Penis, Multiple; Electrodesiccation Destruction Of Lesion(S), Penis (Eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Cryosurgery	\$128.57 \$99.09	
54057	Destruction Of Lesion(S), Penis (Eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Laser Surgery	\$99.09 \$133.71	
54060	Destruction Of Condylomata, Penis Cuty, Condyloma, a paliconia, involusionin Contaguosum, riespetic vesicle), Simple, Laser Surgery Destruction Of Condylomata, Penis Cuty, Condylomata, Penis Cuty, Surgical Excision	\$184.88	
3.500	Destruction Of Lesion(S), Penis (Eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Extensive (Eg, Laser Surgery,	ψ107.00	
54065	Electrosurgery, Cryosurgery, Chemosurgery)	\$201.33	
	Biopsy Of Penis As A Separate Procedure	\$192.60	
54105	Biopsy Of The Deep Structures Of The Penis	\$258.10	
54110	Excision Of Penile Plaque (Peyronie Disease)	\$572.89	
54111	Excision Of Penile Plaque (Peyronie Disease); With Graft To 5 Cm In Length	\$727.63	
54112	Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm In Length	\$852.81	
54115	Removal Foreign Body From Deep Penile Tissue (Eg, Plastic Implant)	\$421.60	
54120	Amputation Of Penis; Partial	\$577.58	
54125	Amputation Of Penis; Complete	\$746.77	
54130	Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy	\$1,084.07	
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54135	Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	\$1,369.46	
54150	Circumcision, Using Clamp / Other	\$154.68	
54160	Removal Of Foreskin, Neonate (28 Days Of Age Or Less) Removal Of Foreskin, Patient Older Than 28 Days Of Age	\$230.40	
54161	, ,	\$200.53	
54162	Lysis Or Excision Of Penile Post-Circumcision Adhesions Repair Incomplete Circumcision	\$268.12	
54163	Frenulotomy Of Penis	\$228.36	
54164 54200	Injection Procedure For Peyronie Disease;	\$178.49 \$108.63	
	Injection Procedure For Peyronie Disease; Injection Procedure For Peyronie Disease; With Surgical Exposure Of Plaque	\$487.53	
54205 54220	Injection Fridewight in Psylvine Disease, with original Exposure Of Fraque Irrigation Of Corpora Cavernosa For Priapism	\$205.32	
54230	Injection Procedure For Corpora Cavernosography	\$98.41	
54231	Dynamic Cavernosometry, Including Intracavernosal Injection Of Vasocactive Drugs (Eg, Papaverine, Phentolamine)	\$131.58	
	Injection Of Corpora Cavernosa With Pharmacologic Agent(S) (Eg, Papaverine, Phentolamine, Etc)	\$78.44	
54240	Injection of extipate data manufacturing and the state of	\$97.86	
	Plastic Operation Of Penis For Straightening Of Chordee (Eg, Hypospadias), With Or Without Mobilization Of Urethra;	\$638.41	
3.500	Plastic Operation On Penis For Correction Of Chordee Or For First Stage Hypospadias Repair With Or Without Transplantation Of Prepuce	ψ000.41	
54304	And/Or Skin Flaps	\$758.05	
54308	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Less Than 3 Cm	\$653.75	
34300			
54312	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm	\$746.06	
54312	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than		
	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia		
54312 54316 54318	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair)	\$746.06 \$904.98 \$649.81	
54312 54316	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1	\$746.06 \$904.98	
54312 54316 54318 54322	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap,	\$746.06 \$904.98 \$649.81 \$831.03	
54312 54316 54318	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap)	\$746.06 \$904.98 \$649.81	
54312 54316 54318 54322 54324	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97	
54312 54316 54318 54322 54324 54326	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01	
54312 54316 54318 54322 54324 54326 54328	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48	
54312 54316 54318 54322 54324 54326 54328 54332	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16	
54312 54316 54318 54322 54324 54326 54328 54332 54336	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urrethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23	
54312 54316 54318 54322 54324 54326 54328 54332 54336 54340	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Skin Graft Tube And/Or Island Flap	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.37	
54312 54316 54318 54322 54324 54326 54328 54332 54336 54340 54344	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.37 \$859.91	
54312 54316 54318 54322 54324 54326 54328 54332 54336 54340 54344 54348	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Surgical Revision Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.33 \$852.91	
54312 54316 54318 54322 54324 54326 54328 54332 54336 54340 54344 54348 54352	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Surgical Revision Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.37 \$859.91 \$919.16 \$1,283.67	
54312 54316 54318 54322 54324 54326 54326 54328 54332 54340 54344 54348 54352 54360	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Surgical Revision Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery Plastic Operation On Penis To Correct Angulation	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.37 \$859.91 \$91.66 \$1,283.67 \$731.00	
54312 54316 54318 54322 54324 54326 54328 54332 54336 54340 54344 54352 54360 54380	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg. Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg. Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery Plastic Operation On Penis To Correct Angulation Plastic Repair Of Urinary Outlet Of Penis Without Incontinence	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.37 \$859.91 \$919.16 \$1,283.67 \$731.00 \$729.04	
54312 54316 54318 54322 54324 54326 54328 54332 54336 54340 54344 54345 54360 54380 54380 54385	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Surgical Revision Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery Plastic Operation On Penis To Correct Angulation Plastic Repair Of Urinary Outlet Of Penis Without Incontinence Plastic Repair Of Urinary Outlet Of Penis Without Incontinence	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.37 \$859.91 \$919.16 \$1,283.67 \$731.00 \$729.04 \$848.55	
54312 54316 54318 54322 54324 54326 54328 54332 54336 54340 54344 54352 54360 54380	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg. Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg. Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery Plastic Operation On Penis To Correct Angulation Plastic Repair Of Urinary Outlet Of Penis Without Incontinence	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.37 \$859.91 \$919.16 \$1,283.67 \$731.00 \$729.04	
54312 54316 54318 54322 54324 54326 54328 54332 54332 54336 54340 54344 54348 54352 54360 54385 54390	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery Plastic Operation On Penis To Correct Angulation Plastic Repair Of Urinary Outlet Of Penis With Incontinence Plastic Operation On Penis For Epispadias Distal To External Sphincter; With Exstrophy Of Bladder	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.37 \$859.91 \$919.16 \$1,283.67 \$731.00 \$729.04 \$848.55 \$1,128.27	
54312 54316 54318 54322 54324 54326 54328 54332 54336 54340 54344 54352 54360 54380 54380 54380 54380 54390 54400	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Surgical Revision Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery Plastic Operation On Penis To Correct Angulation Plastic Repair Of Urinary Outlet Of Penis With Skin Graft To Flap, Secondary Revision Of Prior Surgery Plastic Operation On Penis For Epispadias Distal To External Sphincter; With Exstrophy Of Bladder Insertion Of Penile Prosthesis Non-Inflatable (Semi-Rigid)	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$919.16 \$1,080.23 \$521.37 \$859.91 \$919.16 \$1,283.67 \$731.00 \$729.04 \$848.55 \$1,128.27 \$487.21	
54312 54316 54318 54322 54324 54326 54328 54332 54336 54330 54344 54348 54352 54380 54490 54	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg. Third Stage Cecil Repair) Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg. Flip-Flap, Prepucial Flap) One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap Repair Of Urinary Outlet At Underside Of Penis, Simple With Surgical Revision Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery Plastic Repair Of Urinary Outlet Of Penis With Island Graft Or Flap, Secondary Revision Of Prior Surgery Plastic Repair Of Urinary Outlet Of Penis With Incontinence Plastic Repair Of Urinary Outlet Of Penis With Incontinence Plastic Operation On Penis For Epispadias Distal To External Sphincter; With Exstrophy Of Bladder Insertion Of Penile Prosthesis Non-Inflatable (Semi-Rigid) Insertion Of Penile Prosthesis Inflatable (Semi-Rigid)	\$746.06 \$904.98 \$649.81 \$831.03 \$978.97 \$953.01 \$852.48 \$911.66 \$1,080.23 \$521.37 \$859.91 \$919.16 \$1,283.67 \$731.00 \$729.04 \$848.55 \$1,128.27 \$487.21 \$609.05	

	Description	Fee	Prior Auth Status
54411	Operative Session, Including Irrigation And Debridement Of Infected Tissue	\$937.68	
54415	Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis, Without Replacement Of Prosthesis	\$486.87	
54440	Personal And Deplement of New Inflatable (Comi Digit) On Inflatable (Colf Contained) Deplement At The Comp Occupity Contained	#055.07	
	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis At The Same Operative Session	\$655.37	
54417	Same Operative Session, Including Irrigation And Debridement Of Infected Tissue Corpora Cavernosa-Saphenous Vein Shunt (Priapism Operation), Unilateral Or Bilateral	\$818.87	
54420 54430	Corpora Cavernosa-Saprienous Vein Shuft (Friapism Operation), Unilateral Or Bilateral Corpora Cavernosa-Corpus Spongiosum Shuft Or Corpora Cavernosa-Glans Penis Shuft (Priapism Operation), Unilateral Or Bilateral	\$641.63 \$584.01	
54435	Corpora Cavernosa-Glans Penis Fistulization (Eg, Biopsy Needle, Winter Procedure, Rongeur, Or Punch) (Priapism Operation)	\$379.82	
54437	Repair Of Penis	\$619.89	
04407	Topan O. F. Sino	φ010.00	
54438	Replantation Of Amputated Penis	\$1,214.37	
54440	Plastic Operation Of Penis For Injury	\$739.59	
54450	Foreskin Manipulation Including Lysis Of Preputial Adhesions And Stretching	\$69.46	
54500	Biopsy Of Testis, Needle (Separate Procedure)	\$67.34	
54505	Biopsy Of Testis, Incisional (Separate Procedure)	\$191.71	
54512	Excision Of Extraparenchymal Lesion Of Testis	\$490.82	
54520	Removal Of Testicle	\$333.68	
54522	Orchiectomy, Partial	\$537.31	
54530	Removal Of One Testis (Testicle) For Tumor, Groin Approach	\$517.10	
54535	Removal Of One Testis (Testicle) For Tumor, Abdominal Approach	\$678.85	
54550	Exploration For Undescended Testis (Inguinal Or Scrotal Area)	\$527.89	
54560	Exploration For Undescended Testis With Abdominal Exploration	\$627.66	
54600	Reduction Of Torsion Of Testis, Surgical, With Or Without Fixation Of Contralateral Testis	\$467.43	
54620	Fixation Of Contralateral Testis (Separate Procedure)	\$302.75	
54640	Repositioning And Fixation Of Misplaced Testicle	\$437.02	
54650	Orchiopexy, Abdominal Approach, For Intra-Abdominal Testis (Eg, Fowler-Stephens)	\$722.74	
54670	Suture Or Repair Of Testicular Injury	\$375.78	
54680	Transplantation Of Testis(Es) To Thigh (Because Of Scrotal Destruction)	\$718.25	
54690	Laparoscopy, Surgical; Orchiectomy	\$598.00	
54692	Laparoscopy, Surgical; Orchiopexy For Intra-Abdominal Testis	\$764.85	
54699	Unlisted Laparoscopy Procedure, Testis	Price By Report	
54700	Incision And Drainage Of Sperm Reservoir, Testis, And/Or Scrotal Area	\$179.93	
54800	Biopsy Of Epididymis, Needle	\$113.27	
54830	Excision Of Local Lesion Of Epididymis	\$358.65	
54840	Excision Of Spermatocele, With Or Without Epididymectomy	\$296.12	
54860	Epididymectomy; Unilateral	\$384.30	
54861	Epididymectomy; Bilateral	\$520.38	
54865	Exploration Epididymis W/ Or W/O Biop.	\$330.50	
55000	Puncture Aspiration Of Hydrocele, With Or Without Injection Of Medication	\$106.00	
55040	Excision Of Hydrocele: Unilateral	\$345.42	
55041	Excision Of Hydrocele; Bilateral	\$521.46	
55060	Repair Of Hydrocele (Bottle Type)	\$371.67	
	Drainage Of Scrotal Wall Abscess	\$203.35	
55110	Scrotal Exploration	\$365.67	
55120	Removal Of Foreign Body In Scrotum	\$326.13	
55150	Resection Of Scrotum	\$453.09	
55175	Scrotoplasty; Simple	\$392.58	
55180	Scrotoplasty; Complicated	\$708.39	
55200	Vasotomy, Cannulization With Or Without Incision Of Vas, Unilateral Or Bilateral (Separate Procedure)	\$363.03	
55250	Vasectomy, Unilateral Or Bilateral (Separate Procedure), Including Postoperative Semen Examination(S)	\$243.64	
55300	Vasotomy For Vasograms, Seminal Vesiculograms, Or Epididymograms, Unilateral Or Bilateral	\$168.17	
55500	Excision Of Hydrocele Of Spermatic Cord, Unilateral (Separate Procedure)	\$401.80	
55520	Excision Of Lesion Of Spermatic Cord (Separate Procedure)	\$413.65	
	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; (Separate Procedure)	\$359.86	
	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; Abdominal Approach	\$394.78	
55540	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; With Hernia Repair	\$498.56	
55550	Laparoscopy, Surgical, With Ligation Of Spermatic Veins For Varicocele	\$393.80	
55559	Unlisted Laparoscopy Procedure, Spermatic Cord	Price By Report	
55600	Vesiculotomy Vesiculotomy; Complicated	\$387.03	
55605	Vesiculotomy; Complicated Vesiculectomy, Any Approach	\$480.11	
55650 55680	Excision Of Mullerian Duct Cyst	\$656.16 \$318.94	
55700	Biopsy, Prostate; Needle Or Punch, Single Or Multiple, Any Approach	\$168.61	
55705	Biopsy, Prostate, Incisional, Any Approach Biopsy, Prostate; Incisional, Any Approach	\$168.61	
55706	Biopsies, Prostate, Needle, Transperineal, Stereotactic Template Guided Saturation Sampling, Including Imaging Guidance	\$344.47	
55720	Prostatoromy, External Drainage Of Prostatic Abscess, Any Approach; Simple	\$461.76	
55725	Prostation, External Drainage Of Prostatic Abscess, Any Approach, Grippicated	\$545.03	
	Prostatectomy, Including Control Of Postoperative Bleeding During Initial Hospitalization, Complete (Vasectomy, Meatotomy, Urethral	ψ0-10.00	
55801	Calibration And/Or Dilation, And Internal Urethrotomy Are Included), Perineal, Subtotal	\$996.19	
55810	Removal Of Prostate Gland, Glands For Sperm Movement (Semen), And Sperm Duct	\$1,186.02	
55812	Prostatectomy, Perineal Radical; With Lymph Node Biopsy(S)	\$1,457.74	
55815	Prostatectomy, Perineal Radical; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	\$1,595.58	
	Prostatectomy, Including Control Of Postoperative Bleeding During Initial Hospitalization, Complete (Vasectomy, Meatotomy, Urethral		
55821	Calibration And/Or Dilation, And Internal Urethrotomy Are Included); Suprapubic, Subtotal, One Or Two Stages	\$794.52	
	Prostatectomy, Including Control Of Postoperative Bleeding During Initial Hospitalization, Complete (Vasectomy, Meatotomy, Urethral		
55831	Calibration And/Or Dilation, And Internal Urethrotomy Are Included); Retropubic, Subtotal	\$859.71	
55840	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing;	\$1,061.81	
55842	Prostatectomy, Retropubic Radical; With Lymph Node Biopsy(S)	\$1,062.14	
55845	Prostatectomy, Retropubic Radical; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	\$1,234.14	
55860	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;	\$796.28	
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55862	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Lymph Node Biopsy(S) (Limited Pelvic Lymphadenectomy)	\$995.34	
FF005	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy, Including External Iliac,	M4 040 10	ļ
55865	Hypogastric And Obturator Nodes Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sparing, Includes Robotic Assistance, When Performed	\$1,212.19 \$1,451.19	
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Incision And Drainage Of Vaginal Hematoma, Non-Obstetrical (E.g. Post-Trauma, Spontaneous Bleeding) \$332.82	Section And Drianage Of Vaganal Hematoms. Non-Obstetrical (Eg. Post-Trauma, Spontaneous Bleeding) \$332.82		, , , ,		
Section Of Vaginal Lesion(S): Simple (Eg. Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery) \$131.06	Bestruction Of Vaginal Lesion(S); Simple (Eg. Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery) \$131.06				
Sport Destruction Of Vaginal Lesion(S); Extensive (Eq. Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery) \$234.99	Billiogs Of Vaginal Lesion (S); Extensive (Eg. Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery) \$234.99				
Single S	100 Blogsy Of Vaginal Mucosa: Simple (Separate Procedure) \$71.21				
Single S	19.05 Biopsy Of Vaginal Mucosa; Extensive, Requiring Suture (Including Cysts) \$168.87				
Sapinectomy, Partial Removal Of Vaginal Walt: Sapinectomy Sapinect	106 Vaginectomy, Partial Removal Of Vaginal Walt. With Removal Of Paravaginal Tissue (Radical Vaginectomy) \$1,323.52	57100		\$71.21	
Syriot Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) \$1,332.52	107 Vaginectomy, Partial Removal Of Vaginal Walt, With Removal Of Paravaginal Tissue (Radical Vaginectomy) \$1,332.52	57105		\$168.87	
Vaginectomy, Partial Removal Of Vaginal Walt: With Removal Of Paravaginal Tissue (Radical Vaginectomy) With Bilateral Total Pelvic \$1,579.01	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) With Bilateral Total Pelvic 1. ymphadenectomy And Pran-Archic Lymph Mode Sampling (Biopoy) 1. yaginectomy, Complete Removal Of Vaginal Wall; 1. Vaginectomy, Complete Removal Of Vaginal Appland 1. Vaginal Septim 1. Section Of Vaginal Appland 1. Section Of Vaginal Appland 1. Section Of Vaginal Septim 1. Section Of Vaginal Septim 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of A Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of A Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of A Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of A Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of A Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of A Vaginal And/Or Application Of Drug To Treat Infection 1. Section Of Avaginal And/Or Application Of Drug To Treat Infection 1. Section Of Avaginal Application Of Drug To Treat Infection 1. Section Of Avaginal Application Of Drug To Treat Infection 1. Section Of Avaginal Application Of Drug To Treat Infection 1. Section Of Avaginal App	57106	Vaginectomy, Partial Removal Of Vaginal Wall;	\$499.91	
Synthesis Synt	1908 Lymphadenectomy And Para-Aortic Lymph Node Sampling (Biopsy) \$1,579.01	57107	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy)	\$1,332.52	
System	110 Vaginectorny, Complete Removal Of Vaginal Walt; With Removal Of Paravaginal Tissue (Radical Vaginectomy) \$1,579 pt		Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) With Bilateral Total Pelvic		
Section Spring	111 Vaginectomy, Complete Removal Of Vaginal Wall, With Removal Of Paravaginal Tissue (Radical Vaginectomy) 122 Sature Closue Of The Vaginal And Vaginal Opening 1230 Excision Of Vaginal Septum 1231 Excision Of Vaginal Septum 1251 Excision Of Vaginal Septum 1252 Excision Of Vaginal Cyst Or Tumor 1253 Excision Of Vaginal Cyst Or Tumor 1254 Excision Of Vaginal Cyst Or Tumor 1255 Insertion Of Luterine Tandem Andior Vaginal Ovoids For Clinical Brachytherapy 1256 Insertion Of Vaginal Andro Papileation Of Drug To Treat Infection 1257 Insertion Of Vaginal Andro Papileation Of Drug To Treat Infection 1257 Insertion Of Vaginal Andro Papileation Of Program Andro Papileation Of Papileatio	57109	Lymphadenectomy And Para-Aortic Lymph Node Sampling (Biopsy)	\$1,579.01	
Strict Closure Of The Vagina And Vaginal Opening \$490.47	Suture Closure Of The Vagina And Vaginal Opening \$490.47 \$217.56 \$217.56 \$217.56 \$217.56 \$217.56 \$222.81 \$223.51 \$22	57110	Vaginectomy, Complete Removal Of Vaginal Wall;	\$920.49	
Excision Of Vaginal Septum \$217.56	Section Of Vaginal Septum \$217.56 \$222.81 \$222.8	57111		\$1,579.01	
Secision Of Vaginal Cyst Or Tumor \$222.81	Sezision Of Vaginal Cyst Or Tumor \$222.81	57120	Suture Closure Of The Vagina And Vaginal Opening	\$490.47	
September Sept	Section Sect	57130	Excision Of Vaginal Septum	\$217.56	
S7155 Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy \$412.26	Separation of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy \$412.26	57135	Excision Of Vaginal Cyst Or Tumor	\$222.81	
S7155 Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy \$412.26	Separation Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy \$412.26	57150	Irrigation Of Vagina And/Or Application Of Drug To Treat Infection	\$56.62	
Fitting And Insertion Of Pessary Or Other Intravaginal Support Device \$51.36 Fitting Diaphragm Or Cervical Cap Fitting With Instructions \$73.53 \$73.53 Fitting Unit duction Of Any Hemostatic Agent Or Pack For Spontaneous Or Traumatic Non-Obstetrical Hemorrhage (Separate Procedure) \$192.52 Fitting With Instruction Of Any Hemostatic Agent Or Pack For Spontaneous Or Traumatic Non-Obstetrical Hemorrhage (Separate Procedure) \$276.16 Fitting Oclopoerineorrhaphy, Suture Of Injury Of Vagina (Nonobstetrical) \$276.16 Fitting Oclopoerineorrhaphy, Suture Of Injury Of Vagina And/Or Perineum (Nonobstetrical) \$348.84 Fitting Occupancy State (Package Spontage Sp	Separation of Pessany Or Other Intravaginal Support Device \$51.36	57155	Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy	\$412.26	
Fitting And Insertion Of Pessary Or Other Intravaginal Support Device \$51.36 Fitting Diaphragm Or Cervical Cap Fitting With Instructions \$73.53 \$73.53 Fitting Unit duction Of Any Hemostatic Agent Or Pack For Spontaneous Or Traumatic Non-Obstetrical Hemorrhage (Separate Procedure) \$192.52 Fitting With Instruction Of Any Hemostatic Agent Or Pack For Spontaneous Or Traumatic Non-Obstetrical Hemorrhage (Separate Procedure) \$276.16 Fitting Oclopoerineorrhaphy, Suture Of Injury Of Vagina (Nonobstetrical) \$276.16 Fitting Oclopoerineorrhaphy, Suture Of Injury Of Vagina And/Or Perineum (Nonobstetrical) \$348.84 Fitting Occupancy State (Package Spontage Sp	Separation of Pessany Or Other Intravaginal Support Device \$51.36				
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57289 Pereyra Procedure, Including Anterior Colporrhaphy \$731.08	Pereyra Procedure, Including Anterior Colporrhaphy Construction Of Artificial Vagina; Without Graft Construction Of Artificial Vagina; With Graft Construction Of Artificial Vagina; With Graft Construction Of Artificial Vagina; With Graft S758.86 Pereyra Procedure, Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach Revision (Including Removal) Of Prosthetic Vaginal Graft, Open Procedure Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Closure Of Rectovaginal Fistula; Vaginal Approach S667.64 Closure Of Abnormal Drainage Tract From Abdomen \$901.43	_			
	Construction Of Artificial Vagina; Without Graft \$506.87	_			
157004 Construction Of Artificial Vanina, Without Craft	Construction Of Artificial Vagina; With Graft Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Closure Of Rectovaginal Fistula; Vaginal Approach Closure Of Abnormal Drainage Tract From Abdomen \$901.43			ı \$731.08l	
	Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure \$875.79 Closure Of Rectovaginal Fistula; Vaginal Approach \$567.64 Closure Of Abnormal Drainage Tract From Abdomen \$901.43				
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	300 Closure Of Rectovaginal Fistula; Vaginal Approach \$567.64 305 Closure Of Abnormal Drainage Tract From Abdomen \$901.43	57292	Construction Of Artificial Vagina; Without Graft Construction Of Artificial Vagina; With Graft	\$506.87 \$758.86	
	305 Closure Of Abnormal Drainage Tract From Abdomen \$901.43	57292 57295	Construction Of Artificial Vagina; Without Graft Construction Of Artificial Vagina; With Graft Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach	\$506.87 \$758.86 \$464.04	
		57292 57295	Construction Of Artificial Vagina; Without Graft Construction Of Artificial Vagina; With Graft Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure	\$506.87 \$758.86 \$464.04	
57305 Closure Of Abnormal Drainage Tract From Abdomen \$901.43	107. Closure Of Abnormal Drainage Tract From Poetum Into Vaging With Creation Of Large Pound Opening Open Abdaminal Presenting	57292 57295 57296	Construction Of Artificial Vagina; Without Graft Construction Of Artificial Vagina; With Graft Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Closure Of Rectovaginal Fistula; Vaginal Approach	\$506.87 \$758.86 \$464.04 \$875.79	
57307 Closure Of Abnormal Drainage Tract From Rectum Into Vagina With Creation Of Large Bowel Opening, Open Abdominal Procedure \$1,003.70	pur polosure of Abhoritat Dramage tract from Rectum into vagina vvitri Greation Of Large Bowel Opening, Open Abdominal Procedure \$1,003.79	57292 57295 57296 57300	Construction Of Artificial Vagina; Without Graft Construction Of Artificial Vagina; With Graft Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Closure Of Rectovaginal Fistula; Vaginal Approach	\$506.87 \$758.86 \$464.04 \$875.79 \$567.64	
1 1	308 Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or Without Levator Plication \$612.71	57292 57295 57296 57300	Construction Of Artificial Vagina; Without Graft Construction Of Artificial Vagina; With Graft Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure Closure Of Rectovaginal Fistula; Vaginal Approach	\$506.87 \$758.86 \$464.04 \$875.79 \$567.64	

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	Description	Fee	Prior Auth Status
57310	Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) Into Vagina	\$457.92	
57311	Closure Of Abnormal Drainage Tract From Urinary Canal (Urethra) Into Vagina, With Transplant	\$514.89	
57320	Closure Of Abnormal Drainage Tract From Bladder Into Vagina	\$520.95	
57330	Closure Of Abnormal Drainage Tract From The Urinary Bladder Into Vagina	\$706.53	
57335	Vaginoplasty For Intersex State	\$1,078.15	
57400	Dilation Of Vagina Under Anesthesia	\$118.76	
57410	Pelvic Examination Under Anesthesia	\$106.60	
57415	Removal Of Impacted Vaginal Foreign Body (Separate Procedure) Under Anesthesia (Other Than Local)	\$153.36	
57420	Colposcopy Of The Entire Vagina, With Cervix If Present	\$134.64	
57421	Colposcopy Of The Entire Vagina, With Cervix If Present; With Biopsy(S) Of Vagina/Cervix	\$186.81	
57423	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed), Laparoscopic Approach	\$849.87 \$890.24	
57425	Surgical Vaginal Defect Repair Using An Endoscope Revision (Including Removal) Of Prosthetic Vaginal Graft, Laparoscopic Approach	****	
57426	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; Laparoscopic Approach	\$802.52	
57452 57454	Colposcopy Of The Cervix Including Opper/Adjacent Vagina; With Biopsy(S) Of The Cervix And Endocervical Curettage	\$128.23 \$185.33	
57454	Colposcopy Of The Cervix Including Opper/Adjacent Vagina; With Biopsy(S) Of The Cervix And Endocervical Collectage Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of The Cervix	\$171.40	
	Colposcopy Of The Cervix Including Opper/Adjacent Vagina; With Endocervical Curettage		
57456	Biopsy Of Cervix Using An Endoscope With A Loop Electrode	\$159.36	
57460		\$337.30	
57461	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Conization Of The Cervix Computer-Aided Mapping Of Cervix During Examination Of Vagina And Cervix Using Endoscope	\$374.79	
57465		\$49.76 \$153.33	
57500	Biopsy Of Cervix, Single Or Multiple, Or Local Excision Of Lesion, With Or Without Fulguration (Separate Procedure) Endocervical Curettage (Not Done As Part Of A Dilation And Curettage)		
57505 57510	Cautery Of Cervix; Electro Or Thermal	\$109.83 \$159.19	
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57511 57513	Cauterization Of Cervix; Cryocautery, Initial Or Repeat Cauterization Of Cervix; Laser Ablation	\$170.70 \$197.88	
57513	Removal Or Destruction Of Cervix With Knife Or Laser		
57520	Removal Or Destruction Of Cervix With Killie Of Laser Removal Or Destruction Of Cervix With Electrical Cautery	\$365.28 \$298.88	
	Trachelectomy (Cervicectomy), Amputation Of Cervix (Separate Procedure)		
57530	Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling Biopsy, With Or Without	\$346.93	
57531	Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling Biopsy, With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S)	\$1,591.91	
57540	Removal Of Idee(5), with Of William Removal Of Ovary(5) Removal Of Remaining Cervix Through The Abdomen	\$725.78	
	Excision Of Cervical Stump, Abdominal Approach; With Pelvic Floor Repair	\$725.78 \$763.99	
57550	Removal Of Remaining Cervix Through The Vagina	\$399.98	
57555	Excision Of Cervical Stump, Vaginal Approach; With Anterior And/Or Posterior Repair	\$399.98 \$569.87	
57556	Excision Of Cervical Stump, Vaginal Approach; With Anterior Arthrof Posterior Repair	\$569.87 \$541.59	
57558	Dilation/Curettage Cervical Stump	\$149.90	
57700	Direction Cutertage Cervica, Stone Cervica, Nonobstetrical	\$334.87	
57720	Trachelorhaphy, Plastic Repair Of Uterine Cervix, Vaginal Approach	\$282.94	
57800	Dilation Of Cervical Canal, Instrumental (Separate Procedure)	\$54.00	
37600	Dilation of Cervical Carial, Instrumental (Separate Frocedure)	\$34.00	
58100	Endometrial Sampling (Biopsy) With Or Without Endocervical Sampling (Biopsy), Without Cervical Dilation, Any Method (Separate Procedure)	\$106.81	
	Endometrial Sampling (Biopsy) Performed In Conjunction With Colposcopy (List Separately In Addition To Code For Primary Procedure)	\$51.79	
58120	Dilation And Curettage, Diagnostic And/Or Therapeutic (Nonobstetrical)	\$315.74	
58140	Abdominal Removal Of Fibroid Tumors (250 Grams Or Less) Of Uterus	\$852.03	
58145	Vaginal Removal Of Fibroid Tumors (250 Grams Or Less) Of Uterus	\$524.54	
30143	Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater	ψυΖ-τ.υ-τ	
58146	Than 250 Grams, Abdominal Approach	\$1,053.65	
58150	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S);	\$1,024.65	
	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S); With Colpo-	¥ 1,0= 1100	
58152	Urethrocystopexy (Eg, Marshall-Marchetti-Krantz, Burch)	\$1,128.00	
58180	Supracervical Abdominal Hysterectomy (Subtotal Hysterectomy), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S)	\$816.18	
	Total Abdominal Hysterectomy, Including Partial Vaginectomy, With Para-Aortic And Pelvic Lymph Node Sampling, With Or Without Removal		
58200	Of Tube(S), With Or Without Removal Of Ovary(S)	\$1,224.77	
58210	Abdominal Removal Of Uterus, Cervix, And Lymph Nodes On Both Sides Of Pelvis And Aortic Lymph Node Biopsy	\$1,657.37	
58240	Removal Of Malignant Uterus, Cervix, Lymph Nodes, Bladder, With Transplantation Of Urinary Ducts (Ureters), And Bowel	\$2,677.76	
58260	Vaginal Removal Of Uterus (250 Grams Or Less)	\$854.08	
58262	Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries	\$969.38	
58263	Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries With Repair Of Herniated Bowel	\$908.31	
58267	Vaginal Hysterectomy With Colpo-Urethrocystopexy (Marshall-Marchetti-Krantz Type, Pereyra Type, With Or Without Endoscopic Control)	\$978.83	
58270	Vaginal Hysterectomy With Repair Of Enterocele	\$819.66	
58275	Vaginal Hysterectomy, With Total Or Partial Vaginectomy;	\$905.98	
58280	Vaginal Hysterectomy, With Total Or Partial Colpectomy With Repair Of Enterocele	\$968.69	
58285	Vaginal Removal Of Uterus, Vagina, And Pelvic Lymph Nodes	\$1,297.17	
58290	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams;	\$1,050.16	
58291	Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries	\$1,134.23	
58292	Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries With Repair Of Herniated Bowel	\$1,194.82	
58294	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Repair Of Enterocele	\$1,110.43	
58300	Insertion Of Intrauterine Device (lud)	\$128.30	
58301	Removal Of Intrauterine Device (lud)	\$117.16	
58340	Catheterization And Introduction Of Saline Or Contrast Material For Saline Infusion Sonohysterography (Sis) Or Hysterosalpingography	\$179.67	
58346	Insertion Of Heyman Capsules For Clinical Brachytherapy	\$464.19	
58353	Endometrial Ablation, Thermal, Without Hysteroscopic Guidance	\$1,040.98	
58356	Endometrial Cryoablation With Ultrasonic Guidance, Including Endometrial Curettage, When Performed	\$1,683.57	
L	Uterine Suspension, With Or Without Shortening Of Round Ligaments, With Or Without Shortening Of Sacrouterine Ligaments; (Separate	<u>.</u> .	
58400	Procedure)	\$478.22	
58410	Anatomic Repositioning Of Uterus, With Removal Of Nerve	\$747.61	
58520	Hysterorrhaphy, Repair Of Ruptured Uterus (Nonobstetrical)	\$732.66	
58540	Hysteroplasty, Repair Of Uterine Anomaly (Strassman Type)	\$839.54	
58541	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250G Or Less	\$670.80	
58542	Partial Removal Of Uterus (250 Grams Or Less), Tubes And/Or Ovaries With Retention Of Cervix Using An Endoscope	\$845.94	
58543	Partial Removal Of Uterus (Greater Than 250 Grams) With Retention Of Cervix Using An Endoscope	\$771.53	
58544	Partial Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries Using An Endoscope	\$919.73	
	Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With Total Weight Of 250 Grams Or Less And/Or Removal Of		
58545	Surface Myomas	\$820.49	

Code	Description	Fee	Prior Auth Status
Code	Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater Than 250	100	Filor Autil Status
58546	Grams	\$1,125.87	
58548	Removal Of Uterus, Cervix, And Lymph Nodes On Both Sides Of Pelvis And Aortic Lymph Node Biopsy Using An Endoscope	\$1,714.09	
58550	Laparoscopy Surgical, With Vaginal Hysterectomy, For Uterus 250 Grams Or Less;	\$894.14	
58552	Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries Using An Endoscope Vaginal Removal Of Uterus (Greater Than 250 Grams) Using An Endoscope	\$993.00	
58553 58554	Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries With Assistance Of Endoscope	\$1,131.94 \$1,186.51	
58555	Hysteroscopy, Diagnostic (Separate Procedure)	\$259.62	
58558	Hysteroscopy, Surgical; With Sampling (Biopsy) Of Endometrium And/Or Polypectomy, With Or Without D & C	\$986.44	
58559	Hysteroscopy, Surgical; With Lysis Of Intrauterine Adhesions (Any Method)	\$256.34	
58560	Hysteroscopy, Surgical; With Division Or Resection Of Intrauterine Septum (Any Method)	\$316.79	
58561	Hysteroscopy, Surgical; With Removal Of Leiomyomata	\$357.97	
58562 58563	Hysteroscopy, Surgical; With Removal Of Impacted Foreign Body Hysteroscopy, Surgical; With Endometrial Ablation (Eg, Endometrial Resection, Electrosurgical Ablation, Thermoablation)	\$306.15 \$2,393.24	
58570	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less;	\$819.14	
58571	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(S) And/Or Ovary(S)	\$922.35	
58572	Abdominal Removal Of Uterus (Greater Than 250 Grams) Using An Endoscope	\$1,051.54	
58573	Abdominal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries Using An Endoscope	\$1,233.13	
58575	Removal Of Uterus For Tumor Debulking Using A Laparoscope	\$1,893.43	
58578	Unlisted Laparoscopy Of Uterus Procedure	\$1,776.20	
58579	Unlisted Hysteroscopy Of Uterus Procedure	Price By Report	
58600	Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization	\$378.74	
58605	Ligation of Harisection of Fairphan Fube(3), Audonima of Vaginar Approach, Fostpartum, Omiatera of Dilatera, Duning Game Fostpartum (Separate Procedure)	\$345.16	
30000	Ligation or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate	φο-ιο. 10	
58611	Procedure) (List Separately In Addition To Code For Primary Procedure)	\$75.69	
58615	Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach	\$234.33	
58660	Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure)	\$686.86	·
58661	Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method	\$660.07	
58662	Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection)	\$720.83 \$380.19	
58670 58671	Laparoscopy, Surgical; With Occlusion Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring)	\$380.19 \$379.47	
58674	Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring	\$742.41	
58679	Unlisted Laparoscopy Procedure, Oviduct, Ovary	\$2,918.04	
58700	Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure)	\$567.50	
58720	Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure)	\$640.49	
	Lysis Of Adhesions (Salpingolysis, Ovariolysis)	\$820.51	
58770	Salpingostomy (Salpingoneostomy) Drainage Of Cysts Of Ovaries By Vaginal Approach	\$789.54	
58800 58805	Drainage Of Cysts Of Ovaries By Abdominal Approach	\$341.21 \$440.43	
58820	Drainage Of Cysts Of Ovaries By Audonimia Approach Open Procedure	\$315.82	
58822	Drainage Of Ovarian Abscess; Abdominal Approach Drainage Of Ovarian Abscess; Abdominal Approach	\$617.78	
	Biopsy Of Ovaries	\$404.58	
58925	Ovarian Cystectomy, Unilateral Or Bilateral	\$618.99	
58940	Removal Of Ovaries, Partial Or Total	\$574.57	
58943	Removal Of Ovaries, Partial Or Total, For Ovarian Cancer	\$1,066.67	
58950	Resection Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral Salpingo-Oophorectomy And Omentectomy;	\$1,056.12	
58951	Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes, And Pelvic And Aortic Lymph Nodes	\$1,313.50	
50050	Resection Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral Salpingo-Oophorectomy And Omentectomy; With Radical Dissection For Debulking (Ie, Radical Excision Or Destruction, Intra-Abdominal Or Retroperit	\$1,500.68	
58952 58953	Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes With Tumor Reduction	\$1,818.51	
58954	Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes, And Pelvic And Aortic Lymph Nodes With Tumor Reduction	\$1,966.55	
58956	Removal Of Abdominal Lining, Uterus, And Both Ovaries And Fallopian Tubes	\$1,236.22	
58957	Removal Of Tubes, Ovaries, Uterus, And Lymph Nodes For Uterine Malignancy	\$1,555.30	
58958	Removal Of Tubes, Ovaries, Uterus, And Lymph Nodes For Uterine Malignancy, With Lymph Node Dissection	\$1,511.04	
	Laparotomy, For Staging Or Restaging Of Ovarian, Tubal Or Primary Peritoneal Malignancy (Second Look), With Or Without Omentectomy,	_	
58960	Peritoneal Washing, Biopsy Of Abdominal And Pelvic Peritoneum, Diaphragmatic Assessment With Pelvic And Limited Para-Aortic Lymp	\$910.84	
58999	Unlisted Procedure, Female Genital System Nonobstetrical	Price By Report	
59000	Amniocentesis; Diagnostic Amniocentesis; Therapeutic Amniotic Fluid Reduction (Includes Ultrasound Guidance)	\$116.95	
59001 59012	Cordocentesis (Intrauterine), Any Method	\$170.12 \$172.46	
59012	Chorionic Villus Sampling, Any Method	\$172.46 \$140.87	
59020	Fetal Contraction Stress Test	\$88.43	
59025	Fetal Non-Stress Test	\$53.30	
59030	Fetal Scalp Blood Sampling	\$150.10	-
59050	Fetal Monitoring During Labor By Consulting Physician (Ie, Non-Attending Physician) With Written Report; Supervision And Interpretation	\$51.70	
E00E :	Fetal Monitoring During Labor By Consulting Physician (Ie, Non-Attending Physician) With Written Report (Separate Procedure); Interpretation	^- 4	
59051 59070	Only Transabdominal Amnioinfusion, Including Ultrasound Guidance	\$51.70 \$430.24	
59070	Fetal Umbilical Cord Occlusion, Including Ultrasound Guidance	\$430.24 \$550.76	
59072	Fetal Fluid Drainage (Eg, Vesicocentesis, Thoracocentesis, Paracentesis), Including Ultrasound Guidance	\$416.66	
59076	Fetal Shunt Placement, Including Ultrasound Guidance	\$542.62	
59100	Hysterotomy, Abdominal (Eg, For Hydatidiform Mole, Abortion)	\$751.60	
59120	Removal Of Ovarian Or Tubal Pregnancy, With Removal Of Ovaries	\$717.72	
59121	Removal Of Ovarian Or Tubal Pregnancy, Without Removal Of Ovaries	\$717.95	·
59130	Surgical Treatment Of Ectopic Pregnancy Abdominal Pregnancy	\$830.95	
59136	Surgical Treatment Of Ectopic Pregnancy Interstitial, Uterine Pregnancy With Partial Resection Of Uterus Surgical Treatment Of Ectopic Pregnancy Cervical, With Evacuation	\$788.88 \$371.93	
59140 59150	Surgical Treatment Of Ectopic Pregnancy Cervical, With Evacuation Laparoscopic Treatment Of Ectopic Pregnancy Without Salpingectomy And/Or Oophorectomy	\$371.83 \$511.01	
59150	Laparoscopic Treatment of Ectopic Pregnancy Without Salpingectomy And/Or Oophorectomy Laparoscopic Treatment Of Ectopic Pregnancy With Salpingectomy And/Or Oophorectomy	\$958.05	
59160	Currettage, Postpartum	\$278.62	
59200	Insertion Of Cervical Dilator (Eg, Laminaria, Prostaglandin) (Separate Procedure)	\$89.78	
59300	Episiotomy Or Vaginal Repair, By Other Than Attending	\$156.26	
59320	Cerclage Of Cervix, During Pregnancy Vaginal	\$430.38	
59325	Cerclage Of Cervix, During Pregnancy Abdominal	\$289.95	
59350	Hysterorrhaphy Of Ruptured Uterus	\$367.63	

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2011 Organization for the management and provided for possible in Author 1 (1997) April 1 (1997)	59400	Routine Obstetric Care Including Antepartum Care, Vaginal Delivery (With Or Without Episiotomy, And/Or Forceps) And Postpartum Care	\$1,703.38	
Spitz Transport Spitz From Astronomy Prosters by Entimal Manipaparity Spitz Transport Spitz Sp	59409		\$976.65	
Still Dissolvy Or Hazeran	59410	Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); Including Postpartum Care	\$1,091.17	
\$40.00	59412	Turning Of Fetus From Abnormal Position By External Manipulation	\$157.78	
Special Margentum Care Coly; TO Knew Yorks Projecture Coly (Special Projecture) Special Coly (Special Projecture) Special Coly (Special Projecture) Special Coly (Special Projecture) Special Coly) Special	59414		\$133.80	
Special Discovers Discovers Special Discov	59425	Antepartum Care Only; 4-6 Visits	\$463.80	
SSISSI Coleanne Delivery With Pier And Pasts Delivery Care SSISSI Coleanne Delivery With Pier And Pasts Delivery (List Separately in Addition To Code For Primary Procedure) SSISSI SAURCE O'T care Hyperseculory After Coleanne Delivery fter Coleanne Delivery After Coleanne Delivery State Saurce Coleanne State Saurce C			\$789.51	
SSISTAL GENEROLD DILLY OF COLUMN TO A COLU	59430	Postpartum Care Only (Separate Procedure)	\$176.39	
	59510	Cesarean Delivery With Pre- And Post-Delivery Care	\$1,930.76	
Selection Colorane Political Control of Selection Colorane Coloran	59514	Caesarean Delivery Only;	\$1,314.40	
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55012 Organic Defency One, Alter Previous Consainant Delivery (Mr. Or Willows Epistedinery And OF Protropp): 51 (Spills Delivery One), Alter Previous Consainant Delivery, And Protropping (Mr. Organical Delivery), Alter Previous Consainant Delivery, And Protropping (Mr. Organical Delivery), And Protropping (Mr. Organical D		Subtotal Or Total Hysterectomy After Cesarean Delivery (List Separately In Addition To Code For Primary Procedure)	\$531.21	
STORAGE Cognitive Orders Only, After Prevous Costanter Delivery (Vin) C Willhold Episodomy And C Pronough STORAGE STOR		Routine Obstetric Care With Vaginal Delivery After Prior Cesarean Delivery		
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Source Observer. Core Including Ameripantum Cane, Caserson Distoring, And Prospecture. Cane, Including a Standard Service of Services and Services of Services and Services of Services and Services of Services and	59614	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or Forceps); Including Postpartum Care	\$1,234.51	
Section Devices Aprovaged Delivery American Delivery Section Delivery Section Delivery American Section Section Delivery American Section Sectio		Routine Obstetric Care Including Antepartum Care, Cesarean Delivery, And Postpartum Care, Following Attempted Vaginal Delivery After		
Security Column Security Alex Popular Delayery Alexenge Delayery Alexenge Delayery Alexenge Delayery Alexenge Delayery Alexenge Delayery Alexenge Delayery Color Security Alexenge Delayery Color Security Alexenge Delayery Color Security Alexenge Delayery Alexenge Delayery Color Security Color Sec	59618		\$1,942.07	
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Teamment Of Miseaed Abstraton, Completed Surgiculty Section Frontester	59622	Cesarean Delivery Only, Following Attempted Vaginal Delivery After Previous Cesarean Delivery; Including Postpartum Care	\$1,450.03	
Teamment Of Miseaed Abstraton, Completed Surgiculty Section Frontester	59812	Treatment Of Incomplete Abortion, Any Trimester, Completed Surgically	\$332.80	
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Memoral Of Thyroid And Surrounding Lymph Nodes, With Limited Neck Dissection \$1,244.21	60220	Total Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	\$713.00	
Removal Of Thyroid And Surrounding Lymph Nodes, With Limited Neck Dissection \$1,244.21	60225	Total Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy, Including Isthmusectomy		
802254 Removal Of Thyroid And Surrounding Lymph Nodes, Win Radical Nack Dissection \$1,501.85 80260 Phyroidectiviny, Removal Of J. Blemaning Thyroid Tissue Following Previous Removal Of A Portion Of Thyroid \$383.17 80270 Removal Of Thyroid, Sternal Of Transishoracic Approach \$1,223.82 80271 Removal Of Thyroid, Sternal Of Cravical Approach \$852.17 80280 Excision Of Thyroigossal Duct Cyst Of Sirus \$467.64 80281 Excision Of Thyroigossal Duct Cyst Of Sirus \$467.64 80280 Aspiration And/Or Injection, Thyroid Cyst \$550.62 803000 Parallyroidectimy of Exploration Of Parathyroid(S): We Exploration \$103.16 805000 Parallyroidectimy of Exploration Of Parathyroid(S): We Exploration \$1,314.03 805000 Parallyroidectimy of Exploration Of Parathyroid(S): We Exploration \$1,314.03 805000 Parallyroidectimy of Exploration Of Parathyroid(S): We Exploration \$1,314.03 80501 Parallyroid Authorizary American Of Parathyroid(S): We Exploration \$1,314.03 80502 Removal Of Thymus Gland, Sternal Or Cheels Approach \$983.65 80522 Removal Of Thymus Gland, Sternal Or Cheels Approach \$984.65 <	60240	Removal Of Thyroid, Complete	\$919.72	
Segon	60252	Removal Of Thyroid And Surrounding Lymph Nodes, With Limited Neck Dissection	\$1,244.21	
60270 Removal O' Thyroid, Sternal O' Transithoracic Approach \$1,223.82 60271 Removal O' Thyroid, Sternal O' Cravical Approach \$505.01 60280 Excision O' Thyroigossal Duct Oyst O' Sirus \$467.64 60280 Excision O' Thyroigossal Duct Oyst O' Sirus \$550.62 603000 Aspiration And'O' Injection, Thyroid Cyst \$103.16 603000 Parathyroidectomy Or Exploration O' Parathyroid(S): Ne Exploration \$103.16 605000 Parathyroidectomy Or Exploration O' Parathyroid(S): With Mediastinal Exploration, Sternal Split O' Transithoracic Approach \$1,282.76 605012 Parathyroid Autotransplantation (List Separately in Addition To Code For Primary Procedure) \$2,377.72 605021 Removal O' Thyrmic Gland, Sternal O'r Cheel Approach \$898.65 60522 Removal O' Thyrmic Gland, Sternal O'r Cheel Approach \$898.65 60522 Removal O' Thyrmic Gland, Sternal O'r Cheel Approach \$9.894.65 60521 Removal O' Thyrmic Sternal Novel Novel Sternal O'r Cheel Approach \$9.894.65 60522 Removal O' Thyrmic Sternal Novel Novel Sternal O'r Cheel Approach \$9.894.65 60521 Removal O' Thyrmic Sternal Novel Novel Novel Novel Novel Novel Novel Novel Novel Nov	60254	Removal Of Thyroid And Surrounding Lymph Nodes, With Radical Neck Dissection	\$1,501.85	
Removal Of Thrytol, Sternal Or Cervical Approach September S	60260	Thyroidectomy, Removal Of All Remaining Thyroid Tissue Following Previous Removal Of A Portion Of Thyroid	\$983.17	
	60270	Removal Of Thyroid, Sternal Or Transthoracic Approach	\$1,223.82	
60280 Excision Of Thyroglossal Dut Cyst O' Sinus (Securent S550.62 College Excision Of Thyroglossal Dut Cyst O' Sinus; Recurrent S550.62 College Excision Of Thyroglossal Dut Cyst O' Sinus; Recurrent S550.62 College Excision Of Thyroglossal Dut Cyst O' Sinus; Recurrent S550.62 College Excision Of Thyroglossal Dut Cyst O' Sinus; Recurrent S550.62 College Excision Of Thyroglossal Dut Cyst O' Sinus; Recurrent S550.62 College Excision Of Parathyroid(S); With Activation Sinus	60271	Removal Of Thyroid, Sternal Or Cervical Approach		
Spiration And/Or Injection, Thyroid Cyst		Excision Of Thyroglossal Duct Cyst Or Sinus		
Spiration And/Or Injection, Thyroid Cyst	_	• • •		
Parathyroidectomy Of Exploration Of Parathyroid(S):	60281	Excision of Thyroglossal Duct Cyst of Sinus, Recurrent	\$550.62	
State Stat				
Parathyroidectomy Or Exploration Of Parathyroid(S): With Mediastinal Exploration, Stemal Spit Or Transthoracic Approach \$1.262.78	60300	Aspiration And/Or Injection, Thyroid Cyst	\$103.16	
Boston Parathyroid Autotransplantation (LetS Separately in Addition To Code For Primary Procedure) \$237.72	60300 60500	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S);	\$103.16 \$968.70	
Thymectomy, Partial Or Total: Transcervical Approach (Separate Procedure) \$936.65	60300 60500 60502	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration	\$103.16 \$968.70 \$1,314.03	
Removal Of Thymus Gland, Sternal Or Chest Approach Agrenalectormy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Afrenalectormy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Afrenalectormy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unlateral; With Excision Of Adjacent Retropertioneal Tumor Biological Description of Carotid Body Tumor With Excision Of Carotid Artery St. 192. 45 Biological Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectormy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unibar Or Dorsal Unib	60300 60500 60502 60505	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach	\$103.16 \$968.70 \$1,314.03 \$1,262.76	
Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectormy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectormy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Adrenalectormy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Excision Of Carolid Sody Tumor With Excision Of Carolid Artery St.14:5.46 Excision Of Carolid Body Tumor With Excision Of Carolid Artery St.14:5.46 Excision Of Carolid Body Tumor With Excision Of Carolid Artery St.14:5.46 Expansocopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal St.05:99.6 Excision Of Carolid Body Tumor With Excision Of Carolid Artery St.14:5.46 Expansocopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, St.05:99.6 Excision Of Carolid Body Tumor With Excision Of Carolid Artery St.16:10.6 Excision Of Spinal Fluid Artenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, St.05:99.6 Excision Of Spinal Fluid Artenalectomy, Partial Or Complete, Or Exploration Of Spinal Fluid From Infant Skull Soft Spot, Burn Hole, Or Catheter In Brain Price By Report Spinal Fluid From Infant Skull Soft Spot, Burn Hole, Or Catheter In Ventricle Of Brain Spinal Fluid From Infant Skull Soft Spot, Burn Hole, Or Catheter In Ventricle Of Brain Spinal Fluid And Injection Into Skull Soft Spot, Burn Hole, Or Catheter In Ventricle Of Brain Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid From Infant Spinal Fluid Fr	60300 60500 60502 60505 60512	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure)	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72	
Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate 8,1,669.98) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retropertioneal Tumor \$1,192.45 Boson Of Carotid Body Tumor Without Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor Without Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Of Carotid Body Tumor With Excision Of Carotid Aftery \$1,192.45 Boson Boson University Price By Report 19,192.45 Boson Boson Price By Report 19,192.45 Boson Boson Price By Report 19,192.45 Boson	60300 60500 60502 60505 60512 60520	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure)	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65	
Adrenalectormy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Adrenalectormy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate \$1,110.55) Excision Of Carotid Body Tumor Without Excision Of Carotid Artery \$1,245 Excision Of Carotid Body Tumor With Excision Of Carotid Artery \$1,415.46 Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Caparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Unlisted Laparoscopy Procedure, Endocrine System Price By Report Price By Rep	60300 60500 60502 60505 60512 60520 60521	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65	
Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Cland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate 80.645 Procedure), Unlateral: With Excision Of Adjacent, Retropertioneal Tumor \$1,192.45 (20.645) (20.	60300 60500 60502 60505 60512 60520	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65	
Procedure), Unilateral: With Excision Of Adjacent Retropertioneal Tumor St.1.10.55 Excision Of Carotid Body Tumor Without Excision Of Carotid Artery St.1.92.45 Excision Of Carotid Body Tumor With Excision Of Carotid Artery St.1.92.45 Excision Of Carotid Body Tumor With Excision Of Carotid Artery St.1.64 Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Laparoscopy, Surgical, With Addrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Laparoscopy, Surgical, With Addrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Laparoscopy, Surgical, With Addrenalectomy, Partial Or Complete, Or Exploration Of Adventing Price By Report Price By Report Unilisted Procedure, Endocrine System Price By Report Price By Report Or Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Spinal Fluid From Infant Skull Soft Spot, Subsequent Spinal Fluid From Infant Skull Soft Spot, Subsequent Spinal Or Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Spinal Spinal Or Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Spinal Puncture In Upper Spine With Injection Of Spinal Fluid From Brain Spinal Fluid From Brain Injection Procedure Spinal Puncture In Upper Spine With Injection Of Spinal Fluid From Brain Spinal Puncture In Upper Spine With Injection Of Spinal Fluid From Brain Spinal Puncture In Upper Spine With Injection Of Spinal Fluid From Brain Spinal Puncture In Upper Spinal Puncture In Upper Spinal Puncture In Upper Spinal Puncture In Upper Spinal Puncture In Upper Spinal Puncture In Upper Spinal Puncture In Upper Spinal Puncture In Upper Sp	60300 60500 60502 60505 60512 60520 60521 60522	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28	
Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid	60300 60500 60502 60505 60512 60520 60521 60522	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure)	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28	
Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Laparoscopy Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, St. 1,059.96 Unlisted Laparoscopy Procedure, Endocrine System Price By Report Price By Report Price By Report Price By Report Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Since Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Ciccernal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Since Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Since Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Since Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Twist Drill Hole For Aspiration Of Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device Since Since Puncture Or Injection Into Ventricle Of Brain Since Puncture Or Injection Into Ventricle Of Brain Since Puncture Or Shunt Tubing Or Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device Since Puncture Or Shunt Tubing Or Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device Since Puncture Or Shunt Puncture Or Sh	60300 60500 60502 60505 60512 60520 60521 60522	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure)	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28	
Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, \$1,059.96 tumbar Or Dorsal Price By Report Price By Report Price By Report Price By Report Unlisted Laparoscopy Procedure, Endocrine System Price By Report Unlisted Procedure, Endocrine System Price By Report Biologo Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial \$87.44 price By Report Biologo Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent \$10.04 Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain \$10.45 price By Report Biologo Aspiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain \$10.26 Aspiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain \$10.26 price By Biologo Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain \$10.26 price By Biologo Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain \$10.26 price By Biologo Spinal Puncture in Upper Spine With Injection In Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Puncture of Shunt Tubing Or Reservoir For Aspiration And/Or Procedure \$48.71 price By Biologo Spinal Puncture of Shunt Tubing Or Reservoir For Aspiration And/Or Procedure \$48.71 price By Biologo Spinal Puncture Of Shunt Tubing Or Reservoir For Aspiration And/Or Procedure \$48.71 price By Biologo Spinal	60300 60500 60502 60505 60512 60520 60521 60522 60540	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98	
Lumbar Of Dorsal \$1,059.96	60300 60500 60502 60505 60512 60520 60521 60522 60540 60545 60600	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98	
Unlisted Laparoscopy Procedure, Endocrine System Price By Report Unlisted Procedure, Endocrine System Price By Report Bitton Aspiration Of Spinal Fluid From Infart Skull Soft Spot, Initial Start, 44 Seption Aspiration Of Spinal Fluid From Infart Skull Soft Spot, Subsequent Start Spiration Of Spinal Fluid From Infart Skull Soft Spot, Subsequent Start Spiration Of Spinal Fluid From Infart Skull Soft Spot, Burr Hole, Or Catheter In Brain Start Spiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain Start Spiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain Start Spiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain Start Spiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain Start Spiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain Start Spiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain Start Spiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain Start Spiration Or Spiration Or Spiration Of Spot, Burr Hole, Or Catheter In Brain Spiration Or Spiration Spiration Or Spiration Or Spiration Or Spiration Or Spiration Or Spiration Or Spiration Or Spiration Or Spiration Or Spiration Or Spiration Or Spiration Or Spiration Or Fluid From Brain Start Spiration Or Spiration Spiration Or S	60300 60500 60502 60505 60512 60520 60521 60522 60540 60545 60600	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98	
Unlisted Procedure, Endocrine System	60300 60500 60502 60505 60512 60520 60521 60522 60540 60545 60600 60605	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal,	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45	
Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Storage Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Storage Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Storage Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Storage Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Storage Spinal Fluid And Injection Into Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Spinal Purcture In Upper Spine With Injection Of Spot, Burr Hole, Or Catheter In Ventricle Of Brain Spinal Purcture In Upper Spine With Injection Of Substance Spinal Purcture In Upper Spine With Injection Of Substance Spinal Purcture In Upper Spine With Injection Of Injection Procedure Spinal Purcture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Spinal Purcture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Spinal Purcture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Spinal Purcture Of Shunt Tubing Or Reservoir For Aspiration And/Or Drainage Of Blood Accumulation In Brain Spinal Purcture In Upper Spinal Purcture Spinal Spina	60300 60500 60502 60505 60512 60520 60521 60522 60540 60545 60600 60605	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46	
Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent \$101.45 61020 Aspiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain \$105.81 61026 Aspiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain \$105.81 61026 Aspiration Of Spinal Fluid And Injection Into Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain \$105.81 61050 Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) \$105.99 61055 Spinal Puncture In Upper Spine With Injection Of Substance \$105.99 61070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$48.71 61105 Twist Drill Hole For Aspiration Of Fluid From Brain \$482.46 61107 Twist Drill Hole For Insertion Of Brain Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device \$290.89 61108 Twist Drill Hole For Aspiration And/Or Drainage Of Blood Accumulation In Brain \$877.82 61120 Burr Hole(S) For Injection Into Ventricle Of Brain \$863.09 61140 Burr Hole(S), With Drainage Or Biopsy Of Brain Or Lesion \$1,109.99 61151 Burr Hole(S), With Drainage Of Brain Abscess Or Cyst \$1,159.39 61151 Burr Hole(S), With Subsequent Aspiration Of Brain Abscess Or Cyst \$857.92 61154 Burr Hole(S), With Aspiration Of Blood Accumulation In Brain, Extradural Or Subdural \$1,227.78 61156 Burr Hole(S), With Aspiration Of Blood Accumulation Or Cyst In Brain \$1,066.26 61210 Burr Hole(S), Implantation Of Brain Catheter, Reservoir, Egg Electrodes, Pressure Or Other Monitoring Device \$340.60 61253 Burr Hole(S) For Exploration Of The Lower Brain \$857.92 61304 Removal Of Bone From Skull For Exploration Of Upper Brain \$1,564.20 61305 Removal Of Bone From Skull For Exploration Of Upper Brain \$1,505.98	60300 60500 60502 60505 60512 60520 60521 60522 60540 60545 60600 60605 60650 60659	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Sugical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report	
Aspiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain \$105.81 61026 Aspiration Of Spinal Fluid And Injection Into Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain \$94.69 61050 Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) \$105.99 61055 Spinal Puncture In Upper Spine With Injection Of Substance \$105.99 61070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$1070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$1070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$1070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$1070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$1070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$1070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Of Injection Procedure \$1070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Of Injection Procedure \$1070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$1070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Brain Pariange Of Monitoring Device \$1070 Puncture Of Shunt Tubing Or Brain Abscess Or Cyst Septiment Procedure \$1070 Puncture Of Shunt Tubing Or Injection Into Ventricle Of Brain \$1070 Puncture Of Shunt Tubing Or Injection Into Ventricle Of Brain Abscess Or Cyst \$1070 Puncture Of Brain Aspiration Of Brain Abscess Or Cyst \$1070 Puncture Of Brain Abscess Or Cyst \$1070 Puncture Of Shunt Injection Into Ventricle Or Shunt Injection Injecti	60300 60500 60502 60505 60512 60520 60521 60522 60540 60545 60600 60605 60650 60659 60669	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Unlisted Laparoscopy Procedure, Endocrine System	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 Price By Report Price By Report	
Aspiration Of Spinal Fluid And Injection Into Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain \$94.69 61050 Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) \$74.29 61055 Spinal Puncture In Upper Spine With Injection Of Substance \$105.99 61070 Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$48.71 61105 Twist Drill Hole For Aspiration Of Fluid From Brain \$452.46 61107 Twist Drill Hole For Insertion Of Brain Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device \$290.89 61108 Twist Drill Hole For Aspiration And/Or Drainage Of Blood Accumulation In Brain \$877.82 61120 Burr Hole(S) For Injection Into Ventricle Of Brain \$1,096.96 61150 Burr Hole(S), With Drainage Or Biopsy Of Brain Or Lesion \$1,096.96 61150 Burr Hole(S), With Drainage Of Bload Accumulation In Brain Abscess Or Cyst \$1,159.39 61151 Burr Hole(S), With Subsequent Aspiration Of Brain Abscess Or Cyst \$887.92 61154 Burr Hole(S), With Aspiration Of Bload Accumulation In Brain \$1,227.78 61155 Burr Hole(S), With Aspiration Of Bload Accumulation Or Cyst In Brain \$1,066.26 61210 Burr Hole(S), Implantation Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device \$340.60 61251 Insertion Of Subcutaneous Reservoir, Pump Or Continuous Infusion System For Connection To Ventricular Catheter \$454.04 61250 Burr Hole(S) For Exploration Of The Upper Brain \$752.62 61304 Removal Of Bone From Skull For Exploration Of Upper Brain \$1,055.98	60300 60500 60502 60505 60512 60520 60521 60522 60540 60545 60600 60605 60650 60659 60699 61000	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroided Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Unlisted Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report	
Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Of Substance \$105.99 Binoture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Stat.71 Twist Drill Hole For Aspiration Of Fluid From Brain Twist Drill Hole For Insertion Of Brain Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device \$290.89 Binoture Hole(S) For Injection Into Ventricle Of Brain Burr Hole(S), With Drainage Of Biopsy Of Brain Or Lesion Burr Hole(S), With Drainage Of Brain Abscess Or Cyst Since Hole(S), With Spiration Of Brain Abscess Or Cyst Burr Hole(S), With Aspiration Of Blod Accumulation In Brain, Extradural Or Subdural Burr Hole(S), With Aspiration Of Blod Accumulation Or Cyst In Brain Since Hole(S), With Aspiration Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device Since Hole(S), Implantation Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device Since Hole(S) For Exploration Of The Upper Brain Since Hole(S) For Exploration Of The Upper Brain Since Hole(S) For Exploration Of The Lower Brain Since Hole(S) For Exploration Of Upper Brain Since Hole(S) For Exploration Of Lower Brain Since Hole(S) For Exploration Of Upper Brain Since Hole(S) For Exploration Of Lower Brain Since	60300 60500 60502 60505 60512 60521 60522 60521 60540 60545 60600 60605 60665 60665 60669 60699 61000 61001	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Unlisted Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report \$87.44 \$101.45	
Spinal Puncture In Upper Spine With Injection Of Substance \$105.99 ### Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$48.71 ### Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$48.71 ### Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$48.71 ### Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$48.71 ### Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure \$48.71 ### Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Information Injection Injection Information Injection Injection Information Injection Injection Information Injection	60300 60500 60502 60505 60512 60520 60521 60522 60540 60540 60605 60605 60650 60659 60699 61000 61001 61020	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Unlisted Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report \$87.44 \$101.45	
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Burr Hole(S), With Drainage Or Biopsy Of Brain Or Lesion \$1,096.96	60300 60500 60502 60502 60505 60512 60521 60522 60540 60545 60600 60605 60650 60659 60699 61000 61020 61026 61055 61050 61055 61070 61105	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Unlisted Procedure, Endocrine System Unlisted Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Of Substance Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Twist Drill Hole For Aspiration Of Fluid From Brain T	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report Price By Report \$87.44 \$101.45 \$105.91 \$94.69 \$74.29 \$105.99 \$48.71 \$452.46	
61150 Burr Hole(S), With Drainage Of Brain Abscess Or Cyst \$1,159.39 61151 Burr Hole(S), With Subsequent Aspiration Of Brain Abscess Or Cyst \$857.92 61154 Burr Hole(S), With Aspiration Of Blood Accumulation In Brain, Extradural Or Subdural \$1,227.78 61155 Burr Hole(S), With Aspiration Of Blood Accumulation Or Cyst In Brain \$1,066.26 61210 Burr Hole(S), Implantation Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device \$340.60 61215 Insertion Of Subcutaneous Reservoir, Pump Or Continuous Infusion System For Connection To Ventricular Catheter \$454.04 61250 Burr Hole(S) For Exploration Of The Upper Brain \$752.62 61304 Removal Of Bone From Skull For Exploration Of Upper Brain \$1,564.20 61305 Removal Of Bone From Skull For Exploration Of Lower Brain \$1,564.20 61305 Removal Of Bone From Skull For Exploration Of Lower Brain \$1,905.98	60300 60500 60502 60502 60505 60512 60521 60522 60540 60545 60600 60605 60669 61000 61001 61020 61105 61107 61105 61107 61108	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Unlisted Laparoscopy Procedure, Endocrine System Unlisted Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Of Substance Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Twist Drill Hole	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report \$87.44 \$101.45 \$105.81 \$94.69 \$74.29 \$105.99 \$487.11	
Burr Hole(S), With Subsequent Aspiration Of Brain Abscess Or Cyst \$857.92	60300 60500 60500 60502 60505 60512 60521 60522 60540 60545 60600 60605 60659 60609 61000 61000 61026 61050 611050 61107 61108 61107 61108 611108	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Stemal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unilsted Laparoscopy Procedure, Endocrine System Unlisted Procedure, Endocrine System Unlisted Procedure, Endocrine System Unlisted Procedure, Endocrine System Sepiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid And Injection Into Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Of Substance Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Twist Drill Hole For Insertion Of Brain Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device Twist Drill Hole For Insertion Of Bra	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report \$87.44 \$101.45 \$105.81 \$94.69 \$74.29 \$105.99 \$48.71 \$452.46 \$877.82 \$877.82	
Burr Hole(S), With Aspiration Of Blood Accumulation In Brain, Extradural Or Subdural \$1,227.78	60300 60500 60502 60502 60505 60505 60512 60521 60522 60540 60650 60605 60650 60650 60650 61000 61026 61055 61107 61108 611108 61120 61120 61140	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Stemal Split Or Transthoracic Approach Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Stemal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Stemal Or Chest Approach Removal Of Thymus Gland, Stemal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Stemal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Unlisted Procedure, Endocrine System Unlisted Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Of Substance Puncture Of Shurt Tubing Or Reservoir For Aspiration Or Injection Procedure Twist Drill Hole For Aspiration Of Fluid Prom Brain Twist Drill Hole For Aspiration Of Fluid Prom Brain With Drill Hole For Aspiration Of Fluid Prom B	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report Price By Report \$87.44 \$101.45 \$105.81 \$94.69 \$74.29 \$105.91 \$48.71 \$45.76 \$290.89 \$877.82 \$653.09 \$1,096.96	
Burr Hole(S), With Aspiration Of Blood Accumulation Or Cyst In Brain \$1,066.26 Burr Hole(S), Implantation Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device \$340.60 Burr Hole(S), Implantation Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device \$340.60 Burr Hole(S), For Exploration Of The Upper Brain \$752.62 Burr Hole(S) For Exploration Of The Lower Brain \$857.92 Burr Hole(S), Implantation Of The Lower Brain \$857.92 Burr Hole(S), Implantation Of The Lower Brain \$1,564.20 Burr Hole(S), With Aspiration Of The Lower Brain \$1,564.20 Burr Hole(S), With Aspiration Of Exploration Of Lower Brain \$1,905.98	60300 60500 60502 60502 60505 60512 60520 60521 60522 60540 60605 60600 60605 60669 60609 61000 61001 61026 61026 61026 61055 61107 61108 61107 61108 61120 61140 61150	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroid cutotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Stemal Or Chest Approach Removal Of Thymus Gland, Stemal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Stemal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Of Substance Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure Twist Drill Hole For Aspiration Of Flaid From Brain Surr Hole(S), With Drainage Of Brain Abscess Or Cyst Burr Hole(S), With Drainage Of Brain Abscess Or Cyst	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report Price By Report \$87.44 \$101.45 \$105.91 \$94.69 \$74.29 \$105.99 \$48.71 \$452.46 \$290.89 \$877.62 \$60.90 \$1,159.39	
Burr Hole(S), Implantation Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device \$340.60	60300 60500 60502 60502 60512 60520 60521 60522 60540 60545 60600 60605 60659 60659 61000 61001 61026 61055 61070 61105 61107 61108 61120 61140 61150 61150 61150 61150 61150 61150 61150 61150	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroid Color or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Lumbar Or Dorsal Unilsted Laparoscopy Procedure, Endocrine System Unilsted Laparoscopy Procedure, Endocrine System Unilsted Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Of Substance Puncture Of Shunt Tubing Or Reservoi	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report \$87.44 \$101.45 \$105.99 \$48.71 \$452.46 \$290.89 \$48.71 \$452.46 \$290.89 \$47.29	
61215 Insertion Of Subcutaneous Reservoir, Pump Or Continuous Infusion System For Connection To Ventricular Catheter \$454.04 61250 Burr Hole(S) For Exploration Of The Upper Brain \$752.62 61253 Burr Hole(S) For Exploration Of The Lower Brain \$857.92 61304 Removal Of Bone From Skull For Exploration Of Upper Brain \$1,564.20 61305 Removal Of Bone From Skull For Exploration Of Lower Brain \$1,905.98	60300 60500 60500 60502 60505 60512 60521 60522 60540 60545 60600 60605 60659 60609 61000 61026 61026 61050 61105 61107 61105 61107 61140 61150 61151 61151	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Stemal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately in Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Stemal Or Chest Approach Removal Of Thymus Gland, Stemal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Stemal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Unlisted Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Of Substance Puncture Of Shunt Tubing Or	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report \$87.44 \$101.45 \$105.81 \$94.69 \$74.29 \$105.99 \$48.71 \$48.71 \$48.71 \$48.71 \$49.69 \$77.82 \$105.99 \$877.82 \$653.09 \$1,059.96 \$1,195.96 \$1,059.96	
61250 Burr Hole(S) For Exploration Of The Upper Brain \$752.62 61253 Burr Hole(S) For Exploration Of The Lower Brain \$857.92 61304 Removal Of Bone From Skull For Exploration Of Upper Brain \$1,564.20 61305 Removal Of Bone From Skull For Exploration Of Lower Brain \$1,905.98	60300 60500 60502 60502 60505 60512 60521 60522 60540 60545 60600 60605 60650 60659 60609 61000 61020 61026 61050 61107 61107 61107 611105 611107 61150 61150 61151 61151 61156	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately in Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Exparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Of Substance Puncture Of Spinal Fluid From Parain Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device Twist Drill Hole For Aspiration Of Frain Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device Twist D	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report Price By Report \$87.44 \$101.45 \$105.81 \$94.69 \$74.29 \$105.99 \$487.82 \$653.09 \$1,199.39 \$877.82 \$653.09 \$1,199.39 \$877.82 \$653.09 \$1,159.39 \$857.92 \$11,227.78 \$1,066.26	
61253 Burr Hole(S) For Exploration Of The Lower Brain \$857.92 61304 Removal Of Bone From Skull For Exploration Of Upper Brain \$1,564.20 61305 Removal Of Bone From Skull For Exploration Of Lower Brain \$1,905.98	60300 60500 60502 60502 60505 60512 60520 60521 60522 60540 60640 60665 60660 60665 60669 61000 61001 61026 61026 61055 61107 61108 61107 61108 61150 61150 61150 61150 61151 61151 61154 61154 61154 61154 61150	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Laparoscopy Procedure, Endocrine System Unlisted Laparoscopy Procedure, Endocrine System Unlisted Laparoscopy Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Spiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical Circle? Puncture; Without Injection (Separate Procedure) Twist Drill Hole For Aspiration Of Fluid From Brain Twist Drill Hole For Aspiration Of Broin A	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report Price By Report Price By Report \$87.44 \$101.45 \$105.81 \$94.69 \$74.29 \$105.81 \$94.69 \$74.29 \$115.99 \$48.71 \$452.46 \$290.88 \$877.82 \$653.09 \$1,159.39 \$857.92 \$1,227.78 \$1,066.26 \$340.60	
61304 Removal Of Bone From Skull For Exploration Of Upper Brain \$1,564.20 61305 Removal Of Bone From Skull For Exploration Of Lower Brain \$1,905.98	60300 60500 60502 60502 60512 60520 60521 60522 60540 60545 60600 60605 60650 60665 60659 61000 61001 61026 61026 61055 61107 61108 61120 61150	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Sternal Or Chest Approach Removal Of Thymus Gland, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Unlisted Laparoscopy Procedure, Endocrine System Unlisted Procedure, Endocrine System Unlisted Procedure, Endocrine System Spiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection Procedure Evidence of Spinal Fluid From Brain Twist Drill Hole For Aspiration Of Brain Drainage Catheter Or Fluid	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report Price By Report \$87.44 \$101.45 \$105.99 \$447.49 \$105.99 \$447.10 \$452.46 \$290.89 \$1,192.95 \$1,227.78 \$1,227.78 \$1,227.78 \$1,227.78 \$1,227.78 \$1,227.78	
61305 Removal Of Bone From Skull For Exploration Of Lower Brain \$1,905.98	60300 60500 60500 60500 60505 60512 60521 60522 60540 60545 60600 60605 60659 60659 60600 61000 61020 61026 61070 61105 61107 61105 61107 61150 61150 61151 61156 61215 61250	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Stemal Split Or Transthoracic Approach Parathyroid Autotransplantation (List Separately in Addition To Code For Primary Procedure) Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland, Stemal Or Chest Approach Removal Of Thymus Gland, Stemal Or Chest Approach Removal Of Thymus Gland, Stemal Or Chest Approach Removal Of Thymus Gland Surrounding Lymph Nodes, Stemal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Becision Of Carotid Body Tumor Without Excision Of Carotid Artery Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal Unlisted Procedure, Endocrine System Unlisted Procedure, Endocrine System Dinisted Procedure, Endocrine System Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Distribution of Plain From Brain Twist Drill Hole For Insertion Of Fluid From Brain Twist Drill Hole For Aspiration And/Or Dianiage Ca	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report Price By Report \$87.44 \$101.45 \$105.81 \$94.69 \$74.29 \$105.99 \$48.71 \$482.46 \$29.89 \$877.82 \$653.09 \$1,059.96 \$1,195.96 \$1,059.96 \$1,05	
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61312 Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Upper Brain, Extradural Or Subdural \$2,031.37	60300 60500 60502 60502 60505 60512 60520 60521 60522 60540 60600 60605 60605 60605 60650 60650 61000 61000 61020 61026 61055 61107 61108 61120 61140 61150 61150 61150 61150 61151 61150 61151 61150 61151 61150 61151 61150 61151 61150 61151 61150 61151 61150 61151 61151 61151 61150 61151 61150 61151 61150 61150 61151 61150 61151 61150	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S): Parathyroidectomy Or Exploration Of Parathyroid(S): Parathyroidectomy Or Exploration Of Parathyroid(S): Parathyroidectomy Or Exploration Of Parathyroid(S): Parathyroidectomy Or Exploration Of Parathyroid(S): Parathyroidectomy Or Exploration Of Parathyroid(S): Parathyroidectomy Or Exploration Of Parathyroid(S): Parathyroidectomy Or Exploration Of Parathyroid(S): Parathyroidectomy Or Exploration Of Parathyroid(S): Parathyroidectomy Or Exploration Of Interview Or Or Order Order Order Parathyroidectomy, Partial Or Total; Transcervical Approach (Separate Procedure) Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retropertioneal Tumor Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Spinal Fluid From Infant Skull Soft Spot, Initial Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Brain Exploration Of Spinal Fluid From Infant Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain Exploration Of Frain Drainage Or Bioson Or Incidence Or Spinal Procedure First	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report Price By Report \$87.44 \$101.45 \$105.81 \$94.69 \$74.29 \$105.99 \$48.71 \$452.46 \$290.89 \$877.82 \$653.09 \$1,159.39 \$857.92 \$1,27.78 \$1,066.26 \$340.60 \$454.04 \$752.62 \$857.92 \$1,564.20	
	60300 60500 60502 60502 60505 60512 60520 60521 60522 60540 60545 60600 60605 60650 60665 60669 61000 61001 61026 61026 61055 61107 61108 61120 61150 61151 61150 61151 61151 61250 61250 61253 61304 61305	Aspiration And/Or Injection, Thyroid Cyst Parathyroidectomy Or Exploration Of Parathyroid(S); Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Stemal Spitt Or Transthoracic Approach Parathyroideutomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Stemal Spitt Or Transthoracic Approach Parathyroideutomy, Partial Or Total; Transcervical Approach (Separate Procedure) Thymectomy, Partial Or Total; Transcervical Approach Removal Of Thymus Gland Sturounding Lymph Nodes, Stemal Or Chest Approach Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor With Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Carotid Body Tumor Without Excision Of Carotid Artery Excision Of Spinal Fluid From Inflant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Inflant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid From Inflant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Inflant Skull Soft Spot, Burr Hole, Or Catheter In Brain Aspiration Of Spinal Fluid From Inflant Skull Soft Spot, Burr Hole, Or Catheter In Brain Cisternal Or Lateral Cervical (Crt-C2) Puncture; Without Injection (Separate Procedure) Spinal Puncture In Upper Spine With Injection Tof Substance Puncture Of Shojan Fluid And Injection Into Separation Or Injection Procedure Burr Hole(S), With Drainage Of Brain Abscess Or Cyst Burr Hole(S), With Draina	\$103.16 \$968.70 \$1,314.03 \$1,262.76 \$237.72 \$936.65 \$984.65 \$1,199.28 \$1,069.98 \$1,110.55 \$1,192.45 \$1,415.46 \$1,059.96 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report \$87.44 \$101.45 \$105.81 \$94.69 \$74.29 \$105.99 \$445.71 \$452.46 \$290.89 \$877.82 \$653.09 \$1,159.39 \$857.92 \$1,227.78 \$1,066.26 \$340.60 \$454.04 \$752.62 \$857.92 \$1,564.20 \$1,905.98	

Code	Description		uth Status
61313	Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Upper Brain, Intracerebral Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Lower Brain, Extradural Or Subdural	\$1,953.13	
61314 61315	Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Lower Brain, Extradural Of Subdural Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Lower Brain, Intracerebellar	\$1,569.56 \$1,764.57	
61316	Incision And Subcutaneous Placement Of Cranial Bone Graft (List Separately In Addition To Code For Primary Procedure)	\$81.66	
61320	Removal Of Bone From Skull For Drainage Of Upper Brain Abscess	\$1,820.44	
61321	Removal Of Bone From Skull For Drainage Of Lower Brain Abscess	\$1,814.79	
	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of		
61322	Associated Intraparenchymal Hematoma; Without Lobectomy	\$2,334.22	
04000	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of	00 004 70	
61323 61330	Associated Intraparenchymal Hematoma; With Lobectomy Decompression Of Orbit Only, Transcranial Approach	\$2,361.79 \$1,537.35	
61333	Exploration And Removal Of Lesion From Bone Of Eye Socket Accessed Through Skull	\$1,719.19	-
61340	Subtemporal Cranial Decompression (Pseudotumor Ćerebri, Slit Ventricle Syndrome)	\$1,236.34	
	Craniectomy, Suboccipital With Cervical Laminectomy For Decompression Of Medulla And Spinal Cord, With Or Without Dural Graft (Eg,		
61343	Arnold-Chiari Malformation)	\$2,086.22	
61345	Other Cranial Decompression, Posterior Fossa	\$1,746.22	
61450	Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion	\$1,638.69	
61458	Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves	\$1,914.70	
61460 61500	Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull	\$1,799.81 \$1,275.84	
61501	Craniectomy, For Osteomyelitis	\$1,002.58	
61510	Removal Of Bone From Skull For Removal Of Upper Brain Tumor	\$2,160.38	
61512	Removal Of Bone From Skull For Removal Of Upper Membrane Tumor	\$2,283.84	
61514	Removal Of Bone From Skull For Removal Of Upper Brain Abscess	\$1,640.01	
61516	Removal Of Bone From Skull For Removal Or Drainage Of Upper Brain Cyst	\$1,781.48	
61517	Implantation Of Brain Intracavitary Chemotherapy Agent (List Separately In Addition To Code For Primary Procedure)	\$72.84	
61518	Removal Of Bone From Skull For Removal Of Lower Brain Tumor	\$2,664.54	
61519	Removal Of Bone From Skull For Removal Of Lower Membrane Tumor	\$2,500.90	
61520	Removal Of Bone From Skull For Removal Of Eighth Cranial Nerve Brain Tumor	\$3,205.91	
61521	Removal Of Bone From Skull For Removal Of Skull Base Tumor	\$3,092.48	
61522	Removal Of Bone From Skull For Removal Of Brain Abscess	\$1,868.28	
61524	Removal Of Bone From Skull For Removal Of Brain Cyst Or Creation Of Drainage Tract Bone Flap Removal Of Bone From Skull For Removal Of Eighth Cranial Nerve Brain Tumor	\$1,781.21	
61526 61530	Bone Flap Removal Of Bone From Skull For Removal Of Eighth Cranial Nerve Brain Turnor, Combined With Middle/Posterior Removal	\$2,932.64 \$2,607.02	
61531	Subdural Implantation Of Strip Electrodes Through One Or More Burr Or Trephine Hole(S) For Long Term Seizure Monitoring	\$1,059.54	
61533	Removal Of Bone From Skull For Implantation Of Brain Electrode For Seizure Monitoring	\$1,310.27	
61534	Removal Of Bone From Skull For Excision Of Brain Tissue To Halt Seizure Activity, Without Monitoring	\$1,419.11	
61535	Removal Of Bone From Skull For Removal Of Electrode From Brain	\$872.48	
61536	Removal Of Bone From Skull For Excision Of Brain Tissue To Halt Seizure Activity, With Monitoring	\$2,193.85	
61537	Removal Of Bone From Skull For Excision Of Lobe Of Brain Without Monitoring	\$2,087.01	
61538	Removal Of Bone From Skull For Excision Of Lobe Of Brain With Monitoring	\$2,258.03	
61539	Removal Of Bone From Skull For Excision Of Lobe Of Brain (Other Than Temporal) With Monitoring	\$2,012.85	
61540	Removal Of Bone From Skull For Excision Of Lobe Of Brain (Other Than Temporal) Without Monitoring Removal Of Bone From Skull For Incision Of Brain Tissue	\$1,857.78	
61541 61543	Removal Of Bone From Skull For Partial Excision Of Brain Tissue	\$2,001.52 \$1,856.02	
61544	Removal Of Bone From Skull For Excision Or Clotting Of Cerebrospinal Fluid Site	\$1,620.97	
61545	Removal Of Bone From Skull For Excision Of Pituitary Gland Tumor, With Elevation Of Bone Flap	\$2,712.27	
61546	Removal Of Bone From Skull For Excision Of Pituitary Gland Tumor	\$1,968.23	
61548	Hypophysectomy Or Excision Of Pituitary Tumor, Transnasal Or Transseptal Approach, Nonstereotactic	\$1,512.53	
61550	Craniectomy For Craniosynostosis; Single Cranial Suture	\$1,038.70	
61552	Craniectomy For Craniosynostosis; Multiple Cranial Sutures	\$1,281.64	
61556	Craniotomy For Craniosynostosis; Frontal Or Parietal Bone Flap	\$1,465.51	
61557	Craniotomy For Craniosynostosis; Bifrontal Bone Flap	\$1,450.66	
61558	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Cloverleaf Skull); Not Requiring Bone Grafts	\$1,613.73	
04550	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Cloverleaf Skull); Recontouring With Multiple Osteotomies And Bone Autenomies (Fg, Berger, Steuer, Bregodure), (Igolukae, Osteoiae), Confidence (Igolukae), (CO 404 4C	
61559 61563	Autografts (Eg, Barrel-Stave Procedure) (Includes Obtaining Grafts) Excision, Intra- And Extracranial, Benign Tumor Of Cranial Bone (Eg, Fibrous Dysplasia); Without Optic Nerve Decompression	\$2,184.16 \$1,695.07	
61564	Excision, Intra- And Extracranial, Benign Tumor Of Cranial Bone (Eg, Fibrous Dyspissas), Without Optic Nerve Decompression	\$2,053.38	
61566	Craniotomy With Elevation Of Bone Flap; For Selective Amygdalohippocampectomy	\$1,911.69	
61567	Craniotomy With Elevation Of Bone Flap; For Multiple Subpial Transections, With Electrocorticography During Surgery	\$2,176.18	
61570	Craniectomy Or Craniotomy; With Excision Of Foreign Body From Brain	\$1,682.61	
61571	Craniectomy Or Craniotomy; For Penetrating Wound Of Brain	\$1,826.83	
61575	Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biopsy, Decompression Or Excision Of Lesion;	\$2,132.72	
61576	Biopsy Of Brain Stem Or Upper Spinal Cord, Requiring Splitting Of Tongue And/Or Mandible	\$3,616.82	
61580	Removal Of Nasal Sinuses To Approach Brain Lesion Without The Removal Of The Maxilla Or Eyeball	\$2,287.46	
61581	Removal Of Nasal Sinuses To Approach Brain Lesion With The Removal Of The Maxilla Or Eyeball	\$2,627.07	
61582	Removal Of Facial Bone To Approach Brain Lesion, Extradural Removal Of Facial Bone To Approach Brain Lesion, Intradural	\$2,697.19	
61583 61584	Removal Of Facial Bone To Approach Brain Lesion, Intradural Removal Of Facial Bone To Approach Brain Lesion, Without Removal Of The Eyeball	\$2,559.96 \$2,435.40	
61585	Removal Of Facial Bone To Approach Brain Lesion, With Removal Of The Eyeball	\$2,867.49	
61586	Removal Of Facial Bone To Approach Brain Lesion, Without Bone Graft	\$2,273.63	
2.300	Infratemporal Pre-Auricular Approach To Middle Cranial Fossa (Parapharyngeal Space, Infratemporal And Midline Skull Base, Nasopharynx),	+-, 0.00	
61590	With Or Without Disarticulation Of The Mandible, Including Parotidectomy, Craniotomy, Decompression And/Or Mobiliz	\$2,764.86	
61591	Removal Of Skull Bone Behind Ear To Approach Brain Lesion, Infratemporal Post-Auricular Approach	\$2,769.95	
	Orbitocranial Zygomatic Approach To Middle Cranial Fossa (Cavernous Sinus And Carotid Artery, Clivus, Basilar Artery Or Petrous Apex)		
61592	Including Osteotomy Of Zygoma, Craniotomy, Extra- Or Intradural Elevation Of Temporal Lobe	\$2,770.72	
61595	Removal Of Skull Bone Behind Ear To Approach Brain Lesion Through The Temporal Lobe	\$2,165.01	
61596	Removal Of Skull Bone Behind Ear To Approach Brain Lesion Through The Ear Transcondylar (Far Lateral) Approach To Posterior Cranial Fossa, Jugular Foramen Or Midline Skull Base, Including Occipital Condylectomy,	\$2,251.25	
61597	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization	\$2,673.99	
31001	Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or	ΨΕ,010.03	
61598	Sigmoid Sinus	\$2,497.89	
61600	Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain	\$1,947.05	
61601	Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain	\$1,937.15	
040	Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To		
61605	Membranes Covering Brain, Extradural	\$2,001.47	

Code	Description	Fee	Prior Auth Status
	Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within		
61606	Membranes Covering Brain, Intradural	\$2,561.50	
0.000	Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To	Ψ2,001.00	
04007		00.004.04	
61607	Membranes Covering Brain, Extradural	\$2,384.81	
	Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within		
61608	Membranes Covering Brain, Intradural	\$2,832.83	
61611	Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure)	\$390.77	
61613	Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus	\$2,842.30	
61615	Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Extradural	\$2,467.13	
	Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Intradural	\$3,057.16	
01010	Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By	ψ5,057.10	
04040		#4.400.00	
61618	Free Tissue Graft (Eg, Pericranium, Fascia, Tensor Fascia Lata, Adipose Tissue, Homologous Or Synthetic Grafts)	\$1,126.63	
	Secondary Repair Of Dura For Csf Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Local Or		
61619	Regionalized Vascularized Pedicle Flap Or Myocutaneous Flap (Including Galea, Temporalis, Frontalis Or Occipitalis Mus	\$1,259.25	
	Endovascular Temporary Balloon Arterial Occlusion, Head Or Neck (Extracranial/Intracranial) Including Selective Catheterization Of Vessel To	, ,	
61622	Be Occluded, Positioning And Inflation Of Occlusion Balloon, Concomitant Neurological Monitoring, And	¢405.20	
		\$495.38	
61624	Occlusion Of Abnormal Artery, Accessed Through The Skin	\$1,101.58	
61626	Occlusion Of Head Or Neck Artery, Accessed Through The Skin	\$870.17	
61630	Balloon Dilation Of Blood Vessel In Head, Accessed Through The Skin	\$1,184.22	
61635	Transcatheter Placement Of Intravascular Stent(S), Intracranial (Eg, Atherosclerotic Stenosis), Including Balloon Angioplasty, If Performed	\$1,493.17	
61640	Balloon Dilation Of Blood Vessel Spasm In Head, Accessed Through The Skin	\$523.71	
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61641	Balloon Dilation Of Additional Blood Vessel Spasm In Head In Same Blood Vessel Family, Accessed Through The Skin	\$227.06	
61642	Balloon Dilation Of Additional Blood Vessel Spasm In Head In Different Blood Vessel Family, Accessed Through The Skin	\$437.30	
61645	Removal Of Blood Clot And Injection To Dissolve Blood Clot From Head Artery Using Fluoroscopic Guidance, Accessed Through Skin	\$814.53	
	Infusion Of Chemical Agent Into The Artery Of Brain With Insertion Of Catheter And Imaging, Initial Territory		
61650	, , ,	\$554.97	
61651	Infusion Of Chemical Agent Into The Artery Of Brain With Insertion Of Catheter And Imaging, Each Additional Territory	\$236.17	
61680	Repair Of Abnormal Artery-Vein Connection In Brain, Supratentorial, Simple	\$2,147.21	
61682	Repair Of Abnormal Artery-Vein Connection In Brain, Supratentorial, Complex	\$3,512.27	
61684	Repair Of Abnormal Artery-Vein Connection In Brain, Infratentorial, Simple		
		\$2,416.80	
61686	Repair Of Abnormal Artery-Vein Connection In Brain, Infratentorial, Complex	\$3,794.42	
61690	Repair Of Abnormal Artery-Vein Connection In Brain, Dural, Simple	\$1,861.37	
61692	Repair Of Abnormal Artery-Vein Connection In Brain, Dural, Complex	\$3,086.48	
61697	Repair Of Complex Bulging Of Blood Vessel (Aneurysm) Of Carotid Artery Circulation In Brain By Incision Of Skull	\$3,572.68	
61698	Repair Of Complex Bulging Of Blood Vessel (Aneurysm) Of Vertebrobasilar Circulation In Brain By Incision Of Skull	\$3,906.74	
61700	Repair Of Simple Bulging Of Blood Vessel (Aneurysm) Of Carotid Artery Circulation In Brain By Incision Of Skull	\$2,890.60	
61702	Repair Of Simple Bulging Of Blood Vessel (Aneurysm) Of Vertebrobasilar Circulation In Brain By Incision Of Skull	\$3,401.69	
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61702	Surgery For Bulging Of Blood Vessel (Aneurysm) Of Carotid Artery Circulation In Brain By Clamping Of Carotid Artery Via Incision Of Neck	¢4 470 06	
61703		\$1,170.06	
	Surgery For Abnormal Blood Vessel In Brain By Clamping Of Carotid Artery Via Incision Of Neck And Tying Of Abnormal Blood Vessel Via		
61705	Incision Of Skull	\$2,214.20	
61708	Creation Of Clot In Abnormal Blood Vessel In Brain Using Electricity, Via Incision Of Skull	\$2,166.62	
61710		\$1,828.10	
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61711	Anastomosis, Arterial, Extracranial-Intracranial (Eg, Middle Cerebral/Cortical) Arteries	\$2,196.98	
61720	Creation Of Brain Lesion By Stereotactic Method, Globus Pallidus Or Thalamus	\$1,094.75	
61735	Creation Of Brain Lesion By Stereotactic Method, Other Than Globus Pallidus Or Thalamus	\$1,371.03	
61736	Laser Interstitial Thermal Therapy (Litt) Of Single, Simple Growth Within Skull	\$765.12	
61737	Laser Interstitial Thermal Therapy (Litt) Of Multiple Or Complex Growth Within Skull	\$909.94	
61750	Stereotactic Biopsy, Aspiration, Or Excision Of Brain Lesion	\$1,344.93	
	Stereotactic Biopsy, Aspiration, Or Excision Of Brain Lesion Using Ct And/Or Mri Guidance		
61751		\$1,329.85	
61751 61760	Stereotactic Implantation Of Depth Electrodes Into The Cerebrum For Long Term Seizure Monitoring		
61760	Stereotactic Implantation Of Depth Electrodes Into The Cerebrum For Long Term Seizure Monitoring Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source	\$1,329.85 \$1,512.71	
		\$1,329.85	
61760 61770	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source	\$1,329.85 \$1,512.71 \$1,388.29	
61760		\$1,329.85 \$1,512.71	
61760 61770 61781	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure)	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72	
61760 61770 61781 61782	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure)	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91	
61760 61770 61781 61782	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure)	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72	
61760 61770 61781 61782 61783	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure)	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54	
61760 61770 61781 61782 61783 61790	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84	
61760 61770 61781 61782 61783 61790 61791	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83	
61760 61770 61781 61782 61783 61790 61791 61796	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73	
61760 61770 61781 61782 61783 61790 61791	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83	
61760 61770 61781 61782 61783 61790 61791 61796 61797	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19	
61760 61770 61781 61782 61783 61790 61791 61796 61797 61798	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19	
61760 61770 61781 61782 61783 61790 61791 61796 61797 61798 61799	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96	
61760 61770 61781 61782 61783 61790 61791 61796 61797 61798 61799 61800	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure)	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96	
61760 61770 61781 61782 61783 61790 61791 61796 61797 61798 61799	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96 \$142.41	
61760 61770 61781 61782 61783 61790 61791 61796 61797 61798 61799 61800	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure)	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96	
61760 61770 61781 61782 61783 61790 61791 61798 61799 61800 61850 61860	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96 \$142.41 \$852.88 \$1,339.40	
61760 61770 61781 61782 61783 61790 61791 61796 61797 61798 61799 61850 61860 61863	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes In Brain Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96 \$142.41 \$852.88 \$1,339.40 \$1,483.08	
61760 61770 61781 61782 61783 61790 61791 61798 61799 61800 61850 61860	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, Each Additional Array	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96 \$142.41 \$852.88 \$1,339.40	
61760 61770 61781 61781 61782 61783 61790 61797 61798 61799 61800 61850 61860 61863 61864	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstern Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes In Brain Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation of Neurostimulator Electrodes In Brain, Each Additional Array Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg,	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96 \$142.41 \$852.88 \$1,339.40 \$1,483.08 \$262.34	
61760 61770 61781 61782 61783 61790 61791 61796 61797 61798 61799 61800 61860 61863	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes In Brain Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, Each Additional Array Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96 \$142.41 \$852.88 \$1,339.40 \$1,483.08	
61760 61770 61781 61781 61782 61783 61790 61791 61796 61797 61798 61799 61800 61850 61860 61863	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, Each Additional Array Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96 \$142.41 \$852.88 \$1,339.40 \$1,483.08 \$262.34	
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61760 61770 61781 61782 61783 61790 61791 61796 61797 61798 61799 61800 61850 61863 61864 61867 61868 61888 62000 62005 62005 62001	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, Each Additional Array Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96 \$142.41 \$852.88 \$1,339.40 \$1,483.08 \$262.34 \$416.57 \$515.50 \$341.59 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,469.66	
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61760 61770 61781 61782 61783 61790 61791 61796 61799 61800 61850 61863 61864 61867 61868 61888 61888 62000 62005 62010 62115	Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin Stereotactic Creation Of Brains Enesion, Accessed Through The Skin Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Simple Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Each Additional Complex Lesion Stereotactic Treatment Of Brain Growth, 1 Complex Lesion Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array Removal Of Bone	\$1,329.85 \$1,512.71 \$1,388.29 \$218.72 \$173.91 \$218.54 \$768.84 \$972.83 \$891.73 \$183.19 \$1,168.41 \$252.96 \$142.41 \$852.88 \$1,339.40 \$1,483.08 \$262.34 \$1,943.40 \$416.57 \$515.50 \$341.59 \$807.32 \$347.55 \$1,095.40 \$1,469.66 \$1,501.69	
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	Description	Fee	Prior Auth Status
62142	Removal Of Bone Flap Or Prosthetic Plate Of Skull	\$864.29	
62143	Replacement Of Bone Flap Or Prosthetic Plate Of Skull	\$908.05	
62145	Cranioplasty For Skull Defect With Reparative Brain Surgery	\$1,210.85	
62146	Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Up To 5 Cm Diameter	\$1,076.81	
62147	Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Larger Than 5 Cm Diameter	\$1,342.19	
62148	Removal Of Skull Bone Graft, Accessed Beneath The Skin	\$117.26	
	Neuroendoscopy, Intracranial, For Placement Or Replacement Of Ventricular Catheter And Attachment To Shunt System Or External Drainage		
62160	(List Separately In Addition To Code For Primary Procedure)	\$158.05	
	Neuroendoscopy, Intracranial; With Dissection Of Adhesions, Fenestration Of Septum Pellucidum Or Intraventricular Cysts (Including		
62161	Placement, Replacement, Or Removal Of Ventricular Catheter)	\$1,498.82	
	Neuroendoscopy, Intracranial; With Fenestration Or Excision Of Colloid Cyst, Including Placement Of External Ventricular Catheter For		
62162	Drainage	\$1,617.71	
62164	Neuroendoscopy, Intracranial; With Excision Of Brain Tumor, Including Placement Of External Ventricular Catheter For Drainage	\$1,795.96	
62165	Neuroendoscopy, Intracranial; With Excision Of Pituitary Tumor, Transnasal Or Trans-Sphenoidal Approach	\$1,336.66	
62180	Ventriculocisternostomy (Torkildsen Type Operation)	\$1,371.28	
62190	Creation Of Brain Fluid Drainage Shunt, Sub-Atrial, -Jugular, -Auricular	\$807.78	
62192	Creation Of Brain Fluid Drainage Shunt, Sub-Peritoneal, -Pleural, Other Terminus	\$857.26	
62194	Replacement Or Irrigation, Subdural Catheter	\$435.06	
62200	Creation Of An Opening For Brain Fluid Drainage, Third Ventricle	\$1,182.79	
62201	Ventriculocisternostomy, Third Ventricle; Stereotactic, Neuroendoscopic Method	\$1,050.32	
62220	Creation Of Brain Fluid Drainage Shunt, Ventriculo-Atrial, -Jugular, -Auricular	\$939.45	
62223	Creation Of Brain Fluid Drainage Shunt, Ventriculo-Peritoneal, -Pleural, Other Terminus	\$1,027.70	
	Replacement Or Irrigation, Ventricular Catheter		
62225		\$398.10	
62230	Replacement Or Revision Of Cerebrospinal Fluid Shunt, Obstructed Valve, Or Distal Catheter In Shunt System	\$813.70	
62252	Reprogramming Of Programmable Cerebrospinal Shunt	\$82.49	
62256	Removal Of Complete Cerebrospinal Fluid Shunt System; Without Replacement	\$532.55	
62258	Removal Of Complete Shunt System; With Replacement By Similar Or Other Shunt At Same Operation	\$1,072.19	
l	Injection Or Mechanical Removal Of Spinal Canal Scar Tissue, Percutaneous Procedure, Accessed Through The Skin, Multiple Sessions Over	_	
62263	2 Or More Days	\$610.68	
1	Injection Or Mechanical Removal Of Spinal Canal Scar Tissue, Percutaneous Procedure, Accessed Through The Skin, Multiple Sessions In 1		1
62264	Day	\$424.90	
62267	Diagnostic Aspiration Of Spinal Disc Or Tissue, Accessed Through The Skin	\$271.22	
62268	Aspiration Of Spinal Cord Cyst Or Fluid-Filled Cavity, Accessed Through The Skin	\$234.60	
62269	Needle Biopsy Of Spinal Cord, Accessed Beneath The Skin	\$240.11	
62270	Spinal Tap For Diagnosis	\$132.25	
62272	Spinal Tap With Drainage Of Spinal Fluid	\$177.51	
62273	Injection, Epidural, Of Blood Or Clot Patch	\$177.06	
	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance;	********	
62280	Subarachnoid	\$316.14	
62281	Injection Of Spinal Canal To Destroy Nerve In The Upper Spine Area	\$227.18	
62282	Injection Of Spinal Canal To Destry Nerve In The Lower Spine Area	\$312.62	
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62284	Injection Of Dye For X-Ray Imaging And/Or Ct Of Lower Spinal Canal	\$207.57	
62287	Aspiration Of Lower Spine Disc, Accessed Through The Skin	\$534.36	
62290	Injection Of Dye For X-Ray Imaging Of Spine Disc, Each Level, Lumbar	\$387.11	
62291	Injection Of Dye For X-Ray Imaging Of Spine Disc, Each Level, Cervical Or Thoracic	\$315.80	
62292	Injection Of Chemical Enzyme Into Herniated Spinal Disc	\$533.07	
62294	Injection Procedure, Arterial, For Occlusion Of Arteriovenous Malformation, Spinal	\$822.17	
62302	X-Ray Of Upper Spinal Canal With Radiological Supervision And Interpretation	\$269.73	
62303	X-Ray Of Middle Spinal Canal With Radiological Supervision And Interpretation	\$256.70	
62304	X-Ray Of Lower Spinal Canal With Radiological Supervision And Interpretation	\$265.74	
62305	X-Ray Of Lower Spinal Canal With Radiological Supervision And Interpretation, Two Or More Regions	\$290.47	
62320	Injection Of Substance Into Spinal Canal Of Upper Or Middle Back	\$155.44	
62321	Injection of Substance Into Spinal Canal of Upper Or Middle Back Using Imaging Guidance	\$264.86	
62322	Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum	\$147.01	
62323	Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum Using Imaging Guidance	\$260.81	
	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Upper Or Middle Back	\$153.41	
62325	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Upper Or Middle Back Using Imaging Guidance	\$246.34	
62326	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Lower Back	\$147.49	
62327	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Lower Back Lower Back Using Imaging Guidance	\$239.04	
62328	Diagnostic Spinal Tap Of Lower Spine Using Imaging Guidance	\$272.04	
62329	Therapeutic Spinal Tap Of Lower Spine Using Imaging Guidance	\$334.80	
62350	Implantation, Revision, Or Repositioning Of Spinal Canal Medication Catheter	\$402.02	
62351	Implantation, Revision, Or Repositioning Of Catheter In Spinal Canal For Medication Administration	\$801.03	
62355	Removal Of Previously Implanted Intrathecal Or Epidural Catheter	\$247.46	
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	\$304.57	
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Non-Programmable Pump	\$381.63	
0230 I	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With	φου 1.03	
62362	impariation of replacement of Device For inflatinetal of Epidural Drug findsion, Programmable Furth, including Preparation of Furth, with	\$383.97	
62365	Removal Of Spinal Canal Drug Infusion Pump Or Device, Accessed Beneath The Skin		
02300	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status,	\$296.13	
60007		#00.00	
62367	Alarm Status, Drug Prescription Status); Without Reprogramming Or Refill Floatenic Analysis Of Programmable, Implented Plans For Intentional Or Existence (Includes Evaluation Of Records: Status	\$30.33	
00000	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status,	A .= :-	
62368	Alarm Status, Drug Prescription Status); With Reprogramming	\$45.47	
62369	Alarm Status, Drug Prescription Status); With Reprogramming And Refill	\$98.15	
0.0	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status,	-	
62370	Alarm Status, Drug Prescription Status); With Reprogramming And Refill (Requiring Skill Of A Physician Or Other Qualified	\$98.65	
62380	Decompression Of Spinal Cord And/Or Nerve Root In Lower Back Using Endoscope	Price By Report	
1	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or	· <u> </u>	PA Required
63001	Diskectomy, (Eg, Spinal Stenosis), One Or Two Vertebral Segments; Cervical	\$1,189.40	PA Required
63003	Partial Removal Of Spinal Bone With Exploration And/Or Decompression Of Spinal Cord In Upper Back	\$1,072.48	PA Required
63005	Partial Removal Of Spinal Bone With Exploration And/Or Decompression Of Spinal Cord In Lower Back	\$1,161.78	PA Required
63011	Laminectomy For Decompression Of Spinal Cord And/Or Cauda Equina, One Or Two Segments; Sacral		PA Required
	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For		
63012	Spondylolisthesis, Lumbar (Gill Type Procedure)	\$1,162.43	PA Required
	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or		
63015	Diskectomy, (Eg., Spinal Stenosis), More Than 2 Vertebral Segments; Cervical	\$1,282.70	PA Required
63016	Partial Removal Of Bone And/Or Release of Middle Spinal Cord Or Spinal Nerves, More Than 2 Vertebral Segments	\$1 469 20	PA Required
		¥.,.00.20	

Code	Description	Fee	Prior Auth Status
63017	Partial Removal Of Bone And/Or Release Of Lower Spinal Cord Or Spinal Nerves, More Than 2 Vertebral Segments		PA Required
63020	Herniated Intervertebral Disc; 1 Interspace, Cervical		PA Required
	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of		PA Required
63030	Herniated Intervertebral Disc; 1 Interspace, Lumbar		
00005	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of	£400.40	PA Required
63035	Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary		
63040	Re-Exploration Of Spine Repair With Release Of Upper Spinal Cord Or Nerves, Single Interspace		PA Required
63042	Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves, Single Interspace		PA Required
63043	Re-Exploration Of Spine Repair With Release Of Upper Spinal Cord Or Nerves, Each Additional Cervical Interspace		PA Required
63044	Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves, Each Additional Lumbar Interspace	\$355.11	PA Required
00045	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve	# 4 400 04	PA Required
63045	Root(S), (Eg, Spinal Or Lateral Recess Stenosis), Single Vertebral Segment; Cervical	\$1,123.31	
63046	Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Mid Back (Thoracic) Area Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Mid Back (Thoracic) Area Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Mid Back (Thoracic) Area Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Mid Back (Thoracic) Area Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Mid Back (Thoracic) Area		PA Required
63047	Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Lower Back (Lumbar) Area Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve		PA Required
63048	Laminierumiy, i acetecumiy, and Oraninioumiy (minietra) of bianteria with becompression of sprina conti, cauda upuna anado nerve Root(s), (Eg, Sprinal Or Lateral Recess Stenosis)), Single Vertebral Segment; Earch Additional Segment, Cervical, Thoracci, Or Lumba	¢200.07	PA Required
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;		PA Required
63051	Reconstruction Of Bone Around Spinal Canal With Release Of Spinal Cord, With Bone Reconstruction		PA Required
03031	Partial Removal Of Bone Of Single Segment Of Spine In Lower Back With Release Of Spinal Cord And/Or Nerves During Fusion Of Spine In		
63052	Lower Back	\$208.03	PA Required
03032	Partial Removal Of Bone Of Additional Segment Of Spine In Lower Back With Release Of Spinal Cord And/Or Nerves During Fusion Of Spine	Ψ200.93	
63053	In Lower Back	\$185.39	PA Required
63055	Release Of Middle Spinal Cord And/Or Nerves		PA Required
00000	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disk), Single	ψ1,400.00	1 A Required
63056	ranspecticular Approach with Decumplession or opinal corti, cutina Amorti Nelve (Noció) (E.g., remialeu intervenebral Disk), Segment, Lumbar (Including Transfacet, Or Lateral Extraforaminal Aproach) (Eg., Far Lateral Hernated Interventebral Disk)	\$1,447.67	PA Required
	Transpedicular Approach With Decompression Of Spinal Cord, Equipma And/Or Nerve Root(S) (Eq. Herniated Intervertebral Disk), Single	·	
63057	Segment; Each Additional Segment, Thoracic Or Lumbar (List Segment) Addition To Code For Primary Procedure)	\$274.46	PA Required
63064	Release Of Middle Spinal Cord Or Nerves, Costovertebral Approach, Single Segment		PA Required
63066	Release Of Middle Spinal Cord Or Nerves, Costovertebral Approach, Each Additional Segment		PA Required
63075	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves, Single Interspace		PA Required
63076	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves, Each Additional Interspace		PA Required
63077	Removal of Middle Spine Disc And Release of Spinal Cord And/or Nerves, Single Interspace		PA Required
63078	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves, Each Additional Interspace		PA Required
63081	Removal Of Upper Spine Bone With Release Of Spinal Cord And/Or Nerves, Anterior Approach, Single Segment	\$1,533.56	r A Nequileu
63082	Removal Of Upper Spine Bone With Release Of Spinal Cord And/Or Nerves, Anterior Approach, Single Segment Removal Of Upper Spine Bone With Release Of Spinal Cord And/Or Nerves, Anterior Approach, Each Additional Segment	\$227.23	
63085	Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Transthoracic Approach, Single Segment	\$1,865.70	
63086	Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Transthoracic Approach, Each Additional Segment	\$163.93	
63087	Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord Or Nerves, Combined Thoracolumbar Approach, Single Segment	\$2,096.70	
00000	Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord Or Nerves, Combined Thoracolumbar Approach, Each Additional	#004.40	
63088	Segment	\$221.18	
00000	Removal Of Middle, Lower, Or Sacral Spine Bone With Release Of Spinal Cord Or Nerves, Transperitoneal Or Retroperitoneal Approach,	£4.700.00	
63090	Single Segment Removal Of Middle, Lower, Or Sacral Spine Bone With Release Of Spinal Cord Or Nerves, Transperitoneal Or Retroperitoneal Approach, Each	\$1,722.98	
63091	Removar Of indicute, Lower, Of Sacrat Spine Bone with Release Of Spinar Cord Of Nerves, Transperionlear Of Removement Approach, Each Additional Segment	¢151 17	
63101	Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach	\$154.17 \$2,333.52	
63102	Removal Of Lower Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach	\$2,297.59	
63103	Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach	\$2,297.39	
63170	Laminectomy With Myelotomy (Eg, Bischof Or Drez Type), Cervical, Thoracic Or Thoracolumbar	\$1,369.81	
63172	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachonid Space	\$1,213.72	
63173	Laminectorily With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Or Pleural Space	\$1,480.38	
63185	Removal Of Spine Bone With Severing Of Nerve Roots, 1 Or 2 Segments		PA Required
63190	Removal Of Spine Bone With Severing Of Nerve Roots, More Than 2 Segments		PA Required
63191	Laminectomy With Section Of Spinal Accessory Nerve		PA Required
63197	Removal Of Spine Bone With Incision Of Both Middle Spinal Cord Tracts		PA Required
63200	Laminectomy, With Release Of Tethered Spinal Cord, Lumbar		PA Required
	Laminectomy, For Excision Or Occlusion Of Arteriovenous Malformation Of Cord; Cervical	\$2,517.35	
	Removal Of Middle Spine Bone And Arteriovenous Malformation	\$2,575.04	
63252	Removal Of Middle And Lower Spine Bone And Arteriovenous Malformation	\$2,573.04	
63265	Removal Of Upper Spine Bone And Growth Other Than A Tumor Extradural	\$1,443.12	
63266	Removal Of Middle Spine Bone And Growth Other Than A Tumor, Extradural	\$1,443.12	
63267	Removal Of Lower Spine Bone And Growth Other Than A Tumor, Extradural	\$1,467.83	
63268	Removal Of Sacral Spine Bone And Growth Other Than A Tumor, Extradural	\$1,332.62	
63270	Removal Of Juper Spine Bone And Growth Other Than A Tumor, Intradural	\$1,776.74	
63271	Removal Of Middle Spine Bone And Growth Other Than A Tumor, Intradural	\$1,774.98	
63272	Removal Of Modes Spine Bone And Growth Other Than A Tumor, Intradural	\$1,805.51	
63273	Removal Of Sacral Spine Bone And Growth Other Than A Tumor, Intradural	\$1,601.20	
63275	Removal Or Biopsy Of Upper Spine Bone Tumor, Extradural	\$1,556.75	
63276	Removal Or Biopsy Of Middle Spine Bone Tumor, Extradural	\$1,714.56	
63277	Removal Or Biopsy Of Lower Spine Bone Tumor, Extradural	\$1,357.24	
63278	Removal Or Biopsy Of Sacral Spine Bone Tumor, Extradural	\$1,372.09	
63280	Removal Or Biopsy Of Upper Spine Bone Tumor, Intradural	\$1,815.56	
63281	Removal Or Biopsy Of Middle Spine Bone Tumor, Intradural	\$1,797.93	
63282	Removal Or Biopsy Of Lower Spine Bone Tumor, Intradural	\$1,698.96	
63283	Removal Or Biopsy Of Sacral Spine Bone Tumor, Intradural	\$1,632.87	
63285	Removal Or Biopsy Of Upper Spine Bone Tumor, Intramedullary, Intradural	\$2,227.60	
63286	Removal Or Biopsy Of Middle Spine Bone Tumor, Intramedullary, Intradural	\$2,445.59	
63287	Removal Or Biopsy Of Lower Spine Bone Tumor, Intramedullary, Intradural	\$2,564.15	
63290	Removal Or Biopsy Of Spine Bone Tumor, Combined Extradural-Intradural	\$2,373.26	İ
77-00	Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinal Procedure (List Separately In Addition To Code For	72,0.0.20	
63295	Primary Procedure)	\$306.42	
63300	Removal Of Upper Spine Bone Growth, Extradural	\$1,577.19	
63301	Removal Of Middle Spine Bone Growth, Transthoracic Approach, Extradural	\$1,886.04	
63302	Removal Of Middle Spine Bone Growth, Thoracolumbar Approach, Extradural	\$1,863.96	
63303	Removal Of Lower Or Sacral Spine Bone Growth, Transperitoneal Or Retroperitoneal Approach, Extradural	\$1,974.46	
63304	Removal Of Upper Spine Bone Growth, Intradural	\$2,006.12	
63305	Removal Of Middle Spine Bone Growth, Transthoracic Approach, Intradural	\$2,132.00	
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Code	Description Person Crowth Theread under Approach Introduction	Fee to oot to	Prior Auth Status
63306	Removal Of Middle Spine Bone Growth, Thoracolumbar Approach, Intradural Removal Of Lower Or Sacral Spine Bone Growth, Transperitoneal Or Retroperitoneal Approach, Intradural	\$2,095.59	
63307	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Each Additional	\$2,051.67	
63308	Vertebrial Corpectating (Vertebrial Body Research), Fathar Of Comprete, For Excision of Intraspinal Lesion, Single Segment, Each Addition To Codes For Single Segment (List Separately In Addition To Codes For Single Segment)	\$271.85	
63600	Creation Of Stereotactic Spinal Cord Lesion, Accessed Through The Skin	\$941.06	
63610	Stereotactic Stimulation Of Spinal Cord, Percutaneous, Separate Procedure Not Followed By Other Surgery	\$488.33	
63620	Stereotactic Treatment Of One Spine Growth	\$966.32	
63621	Stereotactic Treatment Of Each Additional Spine Growth	\$210.64	
63650	Implantation Of Spinal Neurostimulator Electrodes, Accessed Through The Skin	\$1,685.08	PA Required
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	\$820.20	PA Required
63661	Removal Or Revision Of Spinal Neurostimulator Electrodes, Accessed Through The Skin	\$593.20	
	Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When		
63662	Performed	\$755.90	
63663	Revision And Replacement Of Spinal Neurostimulator Electrodes, On The Skin	\$864.29	
63664	Revision And Replacement Of Spinal Neurostimulator Electrodes, Implanted	\$776.23	
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling		PA Required
63688	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or Receiver	\$373.26	
63700	Repair Of Meningocele; Less Than 5 Cm Diameter	\$1,136.69	
63702	Repair Of Meningocele; Larger Than 5 Cm Diameter	\$1,239.17	
63704	Repair Of (Less Than 5 Centimeter Diameter) Spinal Cord Defect (Spina Bifida)	\$1,441.46	
63706	Repair Of (Larger Than 5 Centimeter) Spinal Cord Defect (Spina Bifida)	\$1,509.93	
63707	Repair Of Dural/Cerebrospinal Fluid Leak, Not Requiring Laminectomy	\$707.97	
63709	Repair Of Spinal Fluid Leak, With Removal Of Part Of Vertebra	\$1,092.13	
63710	Dural Graft, Spinal Creation Of Shunt Tumber, Subgrachpoid-Peritoneal -Plaural Or Other: Including Laminectomy	\$960.93 \$959.76	
63740	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Including Laminectomy Creation Of Spinal Fluid Shunt, Accessed Through The Skin	\$858.76	
63741	Replacement, Irrigation, Or Revision Of Lower Spinal Canal Shunt	\$662.34 \$604.38	
63744	Replacement, Irrigation, Or Revision Or Lower Spinal Canal Shunt Removal Of Entire Lumbosubarachnoid Shunt System Without Replacement		
63746		\$508.94 \$121.67	
64400 64405	Injection Of Anesthetic Agent And/Or Steroid Into Trigeminal Nerve Of Face Injection Of Anesthetic Agent And/Or Steroid Into Greater Occipital Nerve Of Upper Neck And Back Of Head	\$121.67 \$76.41	
	Injection of Anesthetic Agent And/Or Steroid Into Greater Occipital Nerve or opper Neck And Back or Head Injection Of Anesthetic Agent And/Or Steroid Into Vagus Nerve	\$76.41 \$77.45	
64408 64415	Injection Of Anesthetic Agent And/Or Steroid Into Vagus Nerve Injection Of Anesthetic Agent And/Or Steroid Into Brachial Nerve Bundle Of Arm	\$77.45 \$78.62	
64416	Injection of Ariestnetic Agent And/or Steroid into Brachial Nerve Bundle Of Arm Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Brachial Nerve Bundle Of Arm	\$78.62 \$64.97	
64417	Injection of Anesthetic Agent And/Or Steroid Into Axillary Nerve Of Upper Arm And Shoulder	\$98.52	
64418	Injection of Anesthetic Agent And/Or Steroid Into Suprascapular Nerve Of Shoulder		
64420	Injection of Anesthetic Agent And/Or Steroid Into Single Intercostal Nerve of Rib	\$84.88 \$71.22	
64421	Injection of Anesthetic Agent And/Or Steroid Into Multiple Intercostal Nerves Of Ribs For Regional Nerve Block	\$34.42	
64425	Injection Of Anesthetic Agent And/Or Steroid Into Ilioinguinal And Iliohypogastric Nerves Of Lower Abdomen And Groin	\$88.82	
64430	Injection of Anesthetic Agent And/Or Steroid Into Pudendal Nerve Of External Genitals And Area Around Anus	\$91.91	
64435	Injection of Anesthetic Agent And/Or Steroid Into Paracervical Nerve of Uterus	\$76.79	
64445	Injection of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg	\$88.61	
64446	Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg	\$59.89	
64447	Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh	\$93.43	
64448	Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh	\$61.71	
64449	Injection By Continuous Infusion Of Anesthetic Agent Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach	\$62.80	
64450	Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch	\$79.99	
64451	Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance	\$221.14	
64454	Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance	\$223.40	
64455	Injections Of Anesthetic And/Or Steroid Drug Into Nerve Of Foot	\$53.87	
64461	Injection Of Anesthetic Agent, Thoracic Vertebra Through A Single Incision	\$129.14	
64462	Injection Of Anesthetic Agent, Thoracic Vertebra Through Additional Incisions	\$68.72	
64463	Injection Of Anesthetic Agent, Thoracic Vertebra Through A Inserted Catheter	\$228.24	
64479	Injections Of Anesthetic And/Or Steroid Drug Into Upper Or Middle Spine Nerve Root Using Imaging Guidance, Single Level	\$188.41	
64480	Injections Of Anesthetic And/Or Steroid Drug Into Upper Or Middle Spine Nerve Root Using Imaging Guidance, Each Additional Level	\$109.77	
	Injections Of Anesthetic And/Or Steroid Drug Into Lower Or Sacral Spine Nerve Root Using Imaging Guidance, Single Level	\$265.84	
64484	Injections Of Anesthetic And/Or Steroid Drug Into Lower Or Sacral Spine Nerve Root Using Imaging Guidance, Each Additional Level	\$109.77	
64486	Injections Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On One Side	\$119.48	
64487	Continuous Infusions Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On One Side	\$213.50	
64488	Injections Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On Both Sides	\$148.31	
64489	Continuous Infusions Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On Both Sides	\$350.86	
64490	Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance, Single Level	\$199.33	
64491	Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance, Second Level	\$100.91	
64492	Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance, Third And Any Additional Level(S)	\$102.08	
64493	Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance, Single Level	\$178.28	
64494	Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance, Second Level	\$91.82	
64495	Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance, Third And Any Additional Level(S)	\$92.99	
64505 64510	Injection Of Anesthetic Agent, Trigeminal Nerve Bundle Injection Of Anesthetic Agent, Sympathetic Nerve Bundle	\$96.60 \$157.27	
64510	Injection of Anesthetic Agent, Sympathetic Nerve Bundle	\$157.27 \$184.10	
64520	Injection Of Anesthetic Agent, Middle Or Lower Spine Sympathetic Nerves	\$249.69	
64530	Injection Of Anesthetic Agent, Moder of Lower Gympathetic Nerve Bundle	\$165.92	
64553	Implantation Of Cranial Nerve Neurostimulator Electrodes, Accessed Through The Skin	\$2,492.70	
64555	Implantation Of Peripheral Nerve Neurostimulator Electrodes, Accessed Through The Skin	\$2,184.29	
64561	Insertion Of Sacral Nerve Neurostimulator Electrodes, Accessed Through The Skin		PA Required
64566	Implantation Of Lower Leg Neurostimulator Electrode, Accessed Through The Skin	\$115.15	
64568	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator		PA Required
	Revision Or Replacement Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array, Including Connection To Existing Pulse		
64569	Generator	\$674.77	
64570	Removal Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	\$713.33	-
64575	Incision For Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral Nerve)		PA Required
64580	Incision For Implantation Of Neurostimulator Electrode Array; Neuromuscular	\$284.98	
64581	Incision For Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement)		PA Required
64582	Insertion Of Hypoglossal Nerve Neurostimulator Electrode And Generator And Breathing Sensor Electrode	\$733.16	
04500	Revision Or Replacement Of Hypoglossal Nerve Neurostimulator Electrode And Breathing Sensor Electrode With Connection To Existing	A	
64583	Generator	\$747.62	

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	Description	Fee	Prior Auth Status
64584	Removal Of Hypoglossal Nerve Neurostimulator Electrode And Generator And Breathing Sensor Electrode	\$631.48	
64585	Revision Or Removal Of Peripheral Neurostimulator Electrode Array	\$215.49	
64590	Insertion Or Replacement Of Peripheral Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling		PA Required
64595	Revision Or Removal Of Peripheral Neurostimulator Pulse Generator Or Receiver		PA Required
64600	Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch	\$441.24	
64605	Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch	\$607.74	
64610	Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring	\$735.77	
64611	Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral	\$136.73	
64612	Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm)	\$139.80	
	Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For		
64615	Chronic Migraine)	\$152.54	
64616	Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin	\$90.50	
64617	Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin	\$152.94	
64620	Destruction By Neurolytic Agent Intercostal Nerve	\$143.52	
64624	Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance	\$428.76	
64625	Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance	\$523.04	
64628	Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones	\$384.27	
	Heat Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back		
64629	·	\$176.27	
64630	Destruction By Neurolytic Agent; Pudendal Nerve	\$242.25	
64632	Destruction By Neurolytic Agent; Plantar Common Digital Nerve	\$84.85	
	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single		
64633	Facet Joint	\$473.99	
	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each		
64634	Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	\$235.43	<u></u>
	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single		
64635	Facet Joint	\$503.02	
	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each	-	
64636	Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	\$212.07	
64640	Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch	\$175.06	
64642	Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles	\$115.15	
	Injection of Chemical For Destruction of Nerve Muscles on Arm Or Leg, 1-4 Muscles, Each Additional Extremity		
64643		\$75.33	
64644	Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles	\$132.05	
64645	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles, Each Additional Extremity	\$92.45	
64646	Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles	\$123.95	
64647	Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles	\$164.42	
64650	Chemodenervation Of Eccrine Glands; Both Axillae	\$70.56	
64653	Chemodenervation Of Eccrine Glands; Other Area(S) (Eg, Scalp, Face, Neck), Per Day	\$83.78	
64680	Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Celiac Plexus	\$312.44	
	Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Superior Hypogastric Plexus		
64681		\$456.58	
64702	Neurolysis; Digital, One Or Both, Same Digit	\$350.77	
64704	Neurolysis; Nerve Of Hand Or Foot	\$301.33	
64708	Release Of Nerve Of Arm Or Leg, Open Procedure	\$514.98	
64712	Release Of Sciatic Nerve, Open Procedure	\$603.40	
64713	Release Of Major Nerve Of Arm Or Leg, Open Procedure	\$713.08	
	Release Of Nerve Of Upper Leg, Open Procedure	\$685.61	
64716	Neurolysis And/Or Transposition; Cranial Nerve (Specify)	\$472.84	
64718	Neurolysis And/or Transposition; Ulnar Nerve At Ellow	\$557.92	
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	Neurolysis And/Or Transposition; Ulnar Nerve At Wrist	\$417.86	
64721	Neurolysis And/Or Transposition; Median Nerve At Carpal Tunnel	\$456.88	
64722	Decompression; Unspecified Nerve(S) (Specify)	\$365.31	
64726	Decompression; Plantar Digital Nerve	\$250.79	
64727	Internal Neurolysis By Dissection, With Or Without Microdissection (List Separately In Addition To Code For Primary Neuroplasty)	\$161.79	
64732	Transection Or Avulsion Of; Supraorbital Nerve	\$402.10	
64734	Transection Or Avulsion Of; Infraorbital Nerve	\$453.67	
	Transection Or Avulsion Of; Mental Nerve	\$307.83	
64738	Transection Or Avulsion Of, Inferior Alveolar Nerve By Osteotomy	\$421.16	
	Transection Or Avulsion Of: Lingual Nerve		
64740	. •	\$431.95	
64742	Transection Or Avulsion Of; Facial Nerve, Differential Or Complete	\$459.06	
64744	Transection Or Avulsion Of; Greater Occipital Nerve	\$445.96	
64746	Transection Or Avulsion Of; Phrenic Nerve	\$386.81	
	Transection Or Avulsion Of; Vagus Nerves Limited To Proximal Stomach (Selective Proximal Vagotomy, Proximal Gastric Vagotomy, Parietal		
64755	Cell Vagotomy, Supra- Or Highly Selective Vagotomy)	\$820.14	
64760	Transection Or Avulsion Of; Vagus Nerve (Vagotomy), Abdominal	\$469.28	
64763	Incision Or Removal Of Nerve (Obturator) Outside Of The Pelvis That Control The Muscles That Pull The Thighs Together	\$464.14	
64766	Incision Or Removal Of Nerve (Obturator) Inside Of The Pelvis That Control The Muscles That Pull The Thighs Together	\$572.17	
64771	Transection Or Avulsion Of Other Cranial Nerve. Extradural	\$531.50	
64772	Transection Or Avulsion of Other Spinal Nerve, Extradural	\$582.73	
64774	Excision Of Neuroma; Cutaneous Nerve, Surgically Identifiable	\$382.98	
	Removal Of Growth Of Finger Or Toe Nerve, Same Digit	\$362.74	
64778	Removal Of Growth Of Finger Or Toe Nerve, Each Additional Digit	\$160.31	
64782	Excision Of Neuroma; Hand Or Foot, Except Digital Nerve	\$420.66	
64783	Removal Of Growth Of Hand Or Foot Nerve, Each Additional Nerve	\$191.55	
64784	Excision Of Neuroma; Major Peripheral Nerve, Except Sciatic	\$662.80	
64786	Excision Of Neuroma; Sciatic Nerve	\$896.14	
64787	Insertion Of Plastic Cap On Nerve End	\$213.65	
64788	Excision Of Neurofibroma Or Neurolemmoma; Cutaneous Nerve	\$350.91	
64790	Removal Of Growth Of Peripheral Nerve Or Nerve Lining, Major		
		\$768.01	
64792	Removal Of Growth Of Peripheral Nerve Or Nerve Lining, Extensive Including Malignancy	\$954.32	
	Biopsy Of Nerve	\$186.77	
64802	Sympathectomy, Cervical	\$739.66	
64804	Sympathectomy, Cervicothoracic	\$1,031.78	
64809	Sympathectomy, Thoracolumbar	\$941.52	-
64818	Sympathectomy, Lumbar	\$705.68	
64820	Sympathectomy; Digital Arteries, Each Digit	\$667.39	
64821	Sympathectomy; Radial Artery	\$633.77	
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Code	Description	Fee	Prior Auth Status
64822	Sympathectomy; Ulnar Artery Sympathectomy; Superficial Palmar Arch	\$638.14	
64823 64831	Suture Of One Hand Or Foot Digital Nerve	\$721.12 \$466.60	
64832	Suture Of Each Additional Digital Hand Or Foot Digital Nerve	\$223.03	
64834	Suture Of One Nerve; Hand Or Foot, Common Sensory Nerve	\$634.86	
64835	Suture Of One Nerve; Median Motor Thenar	\$741.13	
64836	Suture Of One Nerve; Ulnar Motor	\$741.13	
64837 64840	Suture Of Each Additional Nerve, Hand Or Foot (List Separately In Addition To Code For Primary Procedure) Suture Of Posterior Tibial Nerve	\$322.70 \$871.73	
64856	Suture Of Peripheral Nerve, Arm Or Leg, With Relocation To New Site	\$895.52	
64857	Suture Of Peripheral Nerve, Arm Or Leg	\$974.45	
64858	Suture Of Sciatic Nerve	\$1,059.80	
64859	Suture Of Each Additional Major Peripheral Nerve (List Separately In Addition To Code For Primary Procedure) Suture Of; Brachial Plexus	\$219.40	
64861 64862	Suture Of, Lumbar Plexus	\$1,310.06 \$1,236.04	
64864	Suture Of Facial Nerve; Extracranial	\$782.85	
64865	Suture Of Facial Nerve; Intratemporal, With Or Without Grafting	\$1,005.98	
64866	Connection Of Nerves To Restore Function To The Face (Facial-Spinal)	\$1,144.66	
64868	Connection Of Nerves To Restore Function To The Face (Facial-Hypoglossal)	\$922.52	
64872	Suture Of Nerve; Requiring Secondary Or Delayed Suture (List Separately In Addition To Code For Primary Neurorrhaphy)	\$102.65	
64874	Suture Of Nerve; Requiring Extensive Proximal Mobilization, Or Transposition Of Nerve (List Separately In Addition To Code For Nerve Suture)	\$153.76	
64876	Suture Of Nerve; Requiring Shortening Of Bone Of Extremity (List Separately In Addition To Code For Nerve Suture)	\$173.74	
64885	Nerve Graft (Includes Obtaining Graft), Head Or Neck; Up To 4 Cm In Length	\$1,008.44	
64886	Nerve Graft (Includes Obtaining Graft), Head Or Neck; More Than 4 Cm In Length	\$1,174.41	
64890 64891	Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; Up To 4 Cm Length Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; More Than 4 Cm Length	\$974.41 \$1,035.45	
64892	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; Up To 4 Cm Length	\$1,035.45	
64893	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; More Than 4 Cm Length	\$1,010.45	
64895	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or Foot; Up To 4 Cm Length	\$1,192.82	
64896	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or Foot; More Than 4 Cm Length	\$1,285.06	
64897 64898	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Leg; Up To 4 Cm Length Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Leg; More Than 4 Cm Length	\$1,286.44 \$1,233.74	
64901	Placement Of Nerve For Grafting, Single Strand	\$1,233.74 \$526.59	
64902	Nerve Graft, Each Additional Nerve; Multiple Strands (Cable) (List Separately In Addition To Code For Primary Procedure)	\$609.80	
64905	Transfer Of Nerve To Injured Nerve, First Stage	\$913.24	
64907	Transfer Of Nerve To Injured Nerve, Second Stage	\$1,169.88	
64910	Nerve Repair; With Synthetic Conduit Or Vein Allograft (Eg, Nerve Tube), Each Nerve	\$721.07	
64911	Nerve Repair; With Autogenous Vein Graft (Includes Harvest Of Vein Graft), Each Nerve	\$931.15	
64912	Repair Of Nerve Using Nerve Graft, First Strand Repair Of Nerve Using Nerve Graft, Each Additional Strand	\$800.95	
64913 64999	Unlisted Procedure, Nervous System	\$157.01 Price By Report	
65091	Removal Of Eye Contents, Without Bone	\$712.74	
65093	Evisceration Ocular Contents; With Implant	\$661.82	
65101	Enucleation Eye; Without Implant	\$812.74	
65103	Enucleation Eye; With Implant, Muscles Not Attached To Implant	\$797.59	
65105	Enucleation Eye; With Implant, Muscles Attached To Implant	\$909.05	
65110 65112	Removal Of Eye Contents, With Bone Exenteration Orbit(Does Not Include Skin Graft), Removal Orbital Contents; With Therapeutic Removal Of Bone	\$1,246.51 \$1,424.51	
65114	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Contents; With Muscle Or Myocutaneous Flap	\$1,486.15	
	Modification Of Ocular Implant With Placement Or Replacement Of Pegs (Eg, Drilling Receptacle For Prosthesis Appendage) (Separate	, , , , , , , , , , , , , , , , , , , ,	
65125	Procedure)	\$436.15	
65130	Insertion Of Permanent Ocular Prosthesis Into Orbit, After Evisceration, In Scleral Shell Insertion Of Permanent Ocular Prosthesis Into Orbit, After Nucleation, Muscles Not Attached To Implant	\$815.14	
65135 65140	Insertion Ocular Implant Secondary; After Enucleation, Muscles Attached To Implant	\$824.62 \$884.72	
65150	Reinsertion Of Ocular Implant With Or Without Graft From The Outer Eye	\$674.12	
65155	Reinsertion Of Ocular Implant With Foreign Material	\$918.53	
65175	Removal Ocular Implant	\$746.21	
65205	Removal Of Foreign Body In External Eye, Conjunctiva	\$29.94	
65210 65220	Removal Of Foreign Body In External Eye, Conjunctiva Or Sclera Removal Of Foreign Body, External Eye, Cornea	\$40.48 \$43.28	
65222	Removal Of Foreign Body, External Eye, Cornea With Slit Lamp Examination	\$70.76	
65235	Removal Of Foreign Body, Intraocular, From Anterior Chamber Of Eye Or Lens	\$679.98	
65260	Removal Of Foreign Body From Inside Eye With A Magnet	\$914.15	
65265	Removal Of Foreign Body From Inside Eye Without A Magnet Page 1 Accoration: Conjunctive, With Or Without Nanperforation Locaration Solars, Direct Clasure	\$903.54	
65270 65272	Repair Laceration; Conjunctiva, With Or Without Nonperforating Laceration Sclera, Direct Closure Repair Laceration; Conjunctiva, By Mobilization And Rearrangement, Without Hospitalization	\$201.41 \$503.35	
65273	Repair Of Lacerated Conjunctiva Using Flap Or Graft, Requiring Hospitalization	\$351.84	
65275	Repair Laceration; Cornea, Nonperforating, With Or Without Removal Foreign Body	\$554.43	
65280	Repair Of Perforating Laceration Of Cornea And/Or Sclera Not Involving Uveal Tissue	\$620.47	
65285	Repair Of Perforating Laceration Of Cornea And/Or Sclera Involving Uveal Tissue	\$992.75	
65286 65290	Repair Of Laceration Application Of Tissue Glue, Wounds Of Cornea And/Or Sclera Repair Of Injured Eye Muscle Or Tendon	\$663.12 \$453.71	
65400	Excision Lesion Cornea (Keratectomy, Lamellar, Partial), Except Pterygium	\$491.79	
65410	Biopsy Comea	\$134.35	
65420	Removal Or Relocation Of Corneal Conjunctiva, Without Graft	\$514.03	
65426	Removal Or Relocation Of Corneal Conjunctiva, With Graft	\$715.84	
65430	Scraping Cornea, Diagnostic, For Smear And/Or Culture	\$78.62	
65435	Removal Of Outer Layer Of Cornea, Chemical Cauterization	\$71.30	
65436	Removal Of Outer Layer Of Cornea, Chelating Agent Destruction Of Lesion Of Cornea By Cryotherapy, Photocoagulation Or Thermocauterization	\$360.00 \$306.33	
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65450 65600	Multiple Punctures Of Anterior Cornea (Eq. For Corneal Erosion. Tattoo)	\$414.06	
65450 65600 65710	Multiple Punctures Of Anterior Cornea (Eg, For Corneal Erosion, Tattoo) Transplantation Of Tissue From One Cornea To Other Cornea, Anterior Lamellar	\$414.06 \$1,062.89	
65600 65710 65730	Transplantation Of Tissue From One Cornea To Other Cornea, Anterior Lamellar Transplantation Of Tissue From One Cornea To Other Cornea, Penetrating (Except In Aphakia Or Pseudophakia)	\$1,062.89 \$1,293.12	
65600 65710	Transplantation Of Tissue From One Cornea To Other Cornea, Anterior Lamellar	\$1,062.89	

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Use Of Ophthalmic Endoscope (List Separately In Addition To Code For Primary Procedure) \$81.04 \$81.04 \$81.04 \$82.04 \$83.09 Extracapsular Removal Of Cataract With Insertion Of Artificial Lens And Insertion Of Drainage Device In Front Chamber Of Eye \$85.06 \$85.06 Price By Report \$86.09 Partial Removal Of Eye Fluid Between The Lens And Retina With Mechanical Vitrectomy \$88.09 Partial Removal Of Eye Fluid Between The Lens And Retina, Subtotal Removal With Mechanical Vitrectomy \$850.34 \$850.34 \$850.34 Injection Of Vitreous Substitute, Pars Plana Or Limbal Approach, (Fluid-Gas Exchange), With Or Without Aspiration (Separate Procedure) \$869.41	66988			
Extracapsular Removal Of Cataract With Insertion Of Artificial Lens And Insertion Of Drainage Device In Front Chamber Of Eye \$598.81 Unlisted Procedure, Anterior Segment Of Eye Price By Report	66989			
Unlisted Procedure, Anterior Segment Of Eye Price By Report \$488.09 Partial Removal Of Eye Fluid Between The Lens And Retina With Mechanical Vitrectomy \$57015 Partial Removal Of Eye Fluid Between The Lens And Retina, Subtotal Removal With Mechanical Vitrectomy \$502.34 \$57015 Repiration Or Release Of Vitreous, Subretinal Or Choroidal Fluid, Pars Plana Approach (Posterior Sclerotomy) \$538.55 \$57025 Injection Of Vitreous Substitute, Pars Plana Or Limbal Approach, (Fluid-Gas Exchange), With Or Without Aspiration (Separate Procedure) \$696.41	66990			
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57025 Injection Of Vitreous Substitute, Pars Plana Or Limbal Approach, (Fluid-Gas Exchange), With Or Without Aspiration (Separate Procedure) \$696.41	67015			
	67025			
	67027			

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Code	Description	Fee	Prior Auth Status
67028	Intravitreal Injection Of A Pharmacologic Agent (Separate Procedure)	\$117.30	
67030	Discission Of Vitreous Strands (Without Removal), Pars Plana Approach	\$521.49	
67031	Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser Surgery (One Or More Stages)	\$364.57	
67036	Vitrectomy, Mechanical, Pars Plana Approach	\$919.66	
67039	Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal	\$983.28	
67040	Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, All Of The Retina	\$1,061.21	
67041	Vitrectomy, Mechanical, Pars Plana Approach; With Removal Of Preretinal Cellular Membrane (Eg, Macular Pucker)	\$1,170.30	
67042	Removal Of Membrane From The Retina, Pars Plana Approach With Removal Of Internal Limiting Membrane Of Retina	\$1,170.30	
67043	Removal Of Membrane From The Retina, Pars Plana Approach, With Removal Of Subretinal Membrane Respired Potential Retina 4 Or Mars Respired. With Cold Engineering Cold Engineering Cold Engineering Cold Engineering Cold Engineering Cold Engineering Cold Engineering Cold Engineering Cold Engineering Cold Engineering Cold Engineering Cold Engineering	\$1,110.64	
67101	Repair Of Detached Retina, 1 Or More Sessions, With Cold Treatment	\$313.18	
67105	Repair Of Detached Retina, 1 Or More Sessions, With A Lazer	\$276.23	
67107	Repair Of Detached Retina And Drainage Of Eye Fluid Between Lens And Retina, Without Removal Of Vitreous Fluid	\$1,150.79	
67108	Repair Of Detached Retina And Drainage Of Eye Fluid Between Lens And Retina, With Removal Of Vitreous Fluid	\$1,217.93	
67110	Repair Of Retinal Detachment, One Or More Sessions; By Injection Of Air Or Other Gas (Eg, Pneumatic Retinopexy)	\$961.59	
	Repair Of Detached Retina And Drainage Of Eye Fluid Between Lens And Retina, Complex	\$1,361.54	
	Release Of Encircling Material (Posterior Segment)	\$461.31	
67120	Removal Implanted Material, Posterior Segment Eye	\$631.31	
67121	Removal Of Implanted Material, Posterior Segment; Intraocular	\$800.58	
67141	Preventive Retinal Detachment Treatment By Heat Or Freezing, 1 Or More Sessions	\$281.59	
67145	Preventive Retinal Detachment Treatment By Heat Or Laser, 1 Or More Sessions	\$251.79	
67208	Destruction Of Retinal Growth By Heat Or Freezing, 1 Or More Sessions	\$559.49	
67210	Laser Destruction Of Retinal Growth, 1 Or More Sessions	\$532.82	
67218	Destruction Of Retinal Growth With Implantation Of Radiation Source, 1 Or More Sessions	\$1,287.77	
67220	Destruction Of Vascular Growth Between Retina And Sclera, 1 Or More Sessions	\$494.26	
67221	Destruction Of Localized Lesion Of Choroid (Eg, Choroidal Neovascularization); Photodynamic Therapy (Includes Intravenous Infusion)	\$254.32	ļ
67225	Destruction Of Vascular Growth Between Retina And Sclera, At Single Session	\$26.94	
67227	Destruction Of Leaking Retinal Blood Vessels, 1 Or More Sessions	\$275.25	
67228	Laser Destruction Of Leaking Retinal Blood Vessels, 1 Or More Sessions	\$350.57	
67229	Laser Destruction Or Freezing Of Extensive Leaking Retinal Blood Vessels, Preterm Infant, 1 Or More Sessions	\$1,054.61	
67250	Scleral Reinforcement (Separate Procedure); Without Graft	\$861.18	
67255	Scleral Reinforcement (Separate Procedure); With Graft	\$638.55	
67299	Unlisted Procedure, Posterior Segment	Price By Report	
67311	Strabismus Surgery, Recession Or Resection Procedure; One Horizontal Muscle	\$497.54	
67312	Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); Two Horizontal Muscles	\$718.07	
	Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); One Vertical Muscle (Excluding Superior		
67314	Oblique)	\$570.95	
	Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); Two Or More Vertical Muscles (Excluding		
67316	Superior Oblique)	\$729.06	
67318	Strabismus Surgery, Any Procedure, Superior Oblique Muscle	\$635.09	
	Transposition Procedure (Eg, For Paretic Extraocular Muscle), Any Extraocular Muscle (Specify) (List Separately In Addition To Code For		
67320	Primary Procedure)	\$263.07	
	Strabismus Surgery On Patient With Previous Eye Surgery Or Injury That Did Not Involve The Extraocular Muscles (List Separately In Addition		
67331	To Code For Primary Procedure)	\$225.94	
	Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (Eg, Prior Ocular Injury, Strabismus Or Retinal Detachment Surgery) Or		
67332	Restrictive Myopathy (Eg, Dysthyroid Ophthalmopathy) (List Separately In Addition To Code For Primary Procedure)	\$270.59	
	Strabismus Surgery By Posterior Fixation Suture Technique, With Or Without Muscle Recession (List Separately In Addition To Code For		
67334	Primary Procedure)	\$222.67	
	Placement Of Adjustable Suture(S) During Strabismus Surgery, Including Postoperative Adjustment(S) Of Suture(S) (List Separately In		
67335	Addition To Code For Specific Strabismus Surgery)	\$191.74	
	Strabismus Surgery Involving Exploration And/Or Repair Of Detached Extraocular Muscle(S) (List Separately In Addition To Code For Primary		
67340	Procedure)	\$268.66	
67343	Release Of Extensive Scar Tissue Without Detaching Extraocular Muscle (Separate Procedure)	\$620.78	
67345	Chemodenervation Of Extraocular Muscle	\$223.64	
67346	Biopsy Of Extraocular Muscle	\$175.16	
67399	Eye Muscle Procedure	Price By Report	
67400	Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach	\$820.33	
67405	Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only	\$858.07	
	Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion	\$1,052.01	
	Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body	\$916.95	
<u>674</u> 14	Removal Of Bone From Cavity Behind Eye, Without Bone Flap	\$1,377.05	
67415	Fine Needle Aspiration Of Orbital Contents	\$94.24	
67420	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion	\$1,543.58	
67430	Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body	\$1,314.97	
67440	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage	\$1,276.47	
67445	Removal Of Bone From Cavity Behind Eye, With Bone Flap	\$1,439.74	
67450	Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach	\$1,240.97	
67500	*Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication)	\$70.68	
67505	Retrobulbar Injection; Alcohol	\$80.82	
67515	Injection Of Medication Or Substance Into Membrane Covering Eyeball	\$48.11	
67550	Orbital Implant (Implant Outside Muscle Cone); Insertion	\$1,028.40	
67560	Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision	\$1,050.64	
67570	Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath)	\$1,274.32	
67599	Unlisted Procedure, Orbit	Price By Report	
	Blepharotomy, Drainage Abscess Eyelid	\$203.81	
67710	Severing Tarsorrhaphy	\$237.46	
67715	Canthotomy (Separate Procedure)	\$256.36	
67800	Removal Of Eyelid Growth, Chalazion (Chronic Inflammation Of The Meibomian Gland For The Eyelid)	\$121.10	
67801	Excision Chalazion; Multiple, Same Lid	\$152.36	
67805	Excision Chalazion; Multiple, Different Lids	\$139.48	
67808	Excision Chalazion; Under General Anesthesia And/Or Requiring Hospitalization, Single Or Multiple	\$249.38	
67810	Incisional Biopsy Of Eyelid Skin Including Lid Margin	\$131.38	
67820	Correction Trichiasis; Epilation, Forceps Only	\$19.88	
67825	Correction Of Trichiasis; Epilation By Other Than Forceps (Eg, By Electrosurgery, Cryotherapy, Laser Surgery)	\$120.47	
67830	Correction Trichiasis; Incision Lid Margin	\$261.02	
67835	Correction Trichiasis; Incision Lid Margin, With Free Mucous Membrane Graft	\$408.31	
67840	Removal Of Eyelid Growth, Other Than Chalazion (Chronic Inflammation Of The Meibomian Gland For The Eyelid)	\$281.34	
67850	Destruction Of Lesion Of Lid Margin (Up To 1 Cm)	\$151.84	

Code	Description	Fee	Prior Auth Status
67875	Temporary Closure Of Eyelids By Suture (Eg, Frost Suture)	\$130.39	
67880	Construction Intermarginal Adhesions, Median Tarsorrhaphy, Or Canthorrhaphy;	\$324.20	
67882	Construction Intermarginal Adhesions, Median Tarsorrhaphy, Or Canthorrhaphy; With Transposition Of Tarsal Plate	\$538.71	
67900	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Coronal Approach)	\$612.26	
67901	Repair Of Upper Eyelid Muscle To Correct Drooping Or Paralysis, With External Material	\$654.93	
67902	Repair Of Upper Eyelid Muscle To Correct Drooping Or Paralysis, With Internal Tissues	\$671.62	
67903	Repair Of Blepharoptosis; (Tarso)Levator Resection Or Advancement, Internal Approach	\$632.89	
67904	Repair Of Blepharoptosis; (Tarso)Levator Resection Or Advancement, External Approach	\$775.75	
67906	Repair Of Blepharoptosis Superior Rectus Technique With Fascial Sling (Includes Obtaining Fascia)	\$466.04	
67908	Removal Of Tissue, Muscle, And Membrane To Correct Eyelid Drooping Or Paralysis	\$513.72	
67909	Reduction of Overcorrection of Ptosis	\$519.11	
	Tecutation of operating and of Press	\$515.99	
67911			
67912	Correction Of Lagophthalmos, With Implantation Of Upper Eyelid Lid Load (Eg, Gold Weight)	\$874.11	
67914	Repair Ectropion; Suture	\$468.02	
67915	Repair Ectropion; Thermocauterization	\$305.09	
67916	Repair Of Ectropion; Excision Tarsal Wedge	\$582.53	
67917	Repair Of Ectropion; Extensive (Eg, Tarsal Strip Operations)	\$594.00	
67921	Repair Entropion; Suture	\$459.36	
67922	Repair Entropion; Thermocauterization	\$295.27	
67923	Repair Of Turning-Inward Eyelid Defect, Simple	\$582.63	
67924	Repair Of Turning-Inward Eyelid Defect, Complex	\$529.98	
67930	Suture Recent Wound, Eyelid, Involving Lid Margin, Tarsus, And/Or Palpebral Conjunctiva) Direct Closure; Partial Thickness	\$330.89	
67935	Suture Recent Wound, Eyelid, Involving Lid Margin, Tarsus, And/Or Palpebral Conjunctiva) Direct Closure; Full Thickness	\$535.16	
67938	Removal Embedded Foreign Body, Eyelid	\$195.25	
67950	Canthoplasty (Reconstruction Of Canthus)	\$606.17	
1	Excision And Repair Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle		
67961	Flap With Adjacent Tissue Transfer Or Rearrangement; Up To One-Fourth Of Lid Margin	\$617.47	
	Excision And Repair Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle		
67966	Flap With Adjacent Tissue Transfer Or Rearrangement; Over One-Fourth Of Lid Margin	\$730.70	
	Reconstruction Eyelid Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Up To Two-Thirds Of Eyelid, One Stage Or		
67971	First Stage	\$662.94	
01311	Reconstruction Eyelid Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Total Eyelid, Lower, One Stage Or First	Ψ00Z.3 4	
67070	Reconstruction Eyelid Full Trilckness by Transler of Tarsoconjunctival Flap From Opposing Eyelid; Total Eyelid, Lower, One Stage of Filst Stage	0054 30	
67973		\$851.73	
	Reconstruction Eyelid Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Total Eyelid, Upper, One Stage Or First		
67974	Stage	\$849.99	
67975	Reconstruction Eyelid Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Second Stage	\$627.91	
67999	Unlisted Procedure, Eyelids	Price By Report	
68020	Incision Conjunctiva, Drainage Cyst	\$107.86	
68040	Expression Conjunctival Follicles, Eg, For Trachoma	\$58.34	
68100	Biopsy Conjunctiva	\$173.60	
68110	Excision Lesion Conjunctiva; Up To 1 Cm	\$212.61	
	Excision Lesion Conjunctiva; Over 1 Cm		
68115	•	\$235.01	
68130	Removal Of Growth Of Sclera And Conjunctive	\$525.05	
68135	Destruction Lesion Conjunctiva	\$146.56	
68200	Subconjunctival Injection	\$41.62	
68320	Repair Of Conjunctiva With Graft From External Eye	\$705.97	
68325	Repair Of Conjunctiva With Graft From Cheek Tissue	\$605.30	
68326	Reconstruction Of Conjunctiva, With Graft From The Outer Eye	\$626.83	
68328	Reconstruction Of Conjunctiva, With Graft From The Cheek	\$649.86	
68330	Repair Symblepharon; Conjunctivoplasty, Without Graft	\$591.57	
68335	Release Of Scar Tissue From Evelids With A Graft	\$596.03	
	· · · · · · · · · · · · · · · · · · ·		
68340	Release Of Scar Tissue From Eyelids Without A Graft	\$577.49	
68360	Relocation Of Conjunctival Flap, Partial	\$515.04	
68362	Relocation Of Conjunctival Flap, Total	\$609.07	
68371	Harvesting Conjunctival Allograft, Living Donor	\$382.14	
68399	Unlisted Procedure, Conjunctiva	Price By Report	
68400	Incision, Drainage Lacrimal Gland	\$287.52	
68420	Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy)	\$320.80	
68440	Snip Incision Lacrimal Punctum	\$97.49	
68500	Sinp Indision Edurinar Curicuma Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total	\$996.90	
	Excision of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial		
68505		\$992.53	
68510	Biopsy Lacrimal Gland	\$430.00	
68520	Excision Of Lacrimal Sac (Dacryocystectomy)	\$691.98	
68525	Biopsy Of Lacrimal Sac	\$236.62	
68530	Removal Of Foreign Body Or Dacryolith, Lacrimal Passages	\$415.57	
68540	Excision Of Lacrimal Gland Tumor; Frontal Approach	\$920.58	
68550	Excision Of Lacrimal Gland Tumor; Involving Osteotomy	\$1,147.41	
68700	Plastic Repair Canaliculi	\$527.88	
68705	r result repeir contained. Correction Everted Punctum, Cautery	\$251.90	
	Dacryocystorhinostomy (Fistulization Of Lacrimal Sac To Nasal Cavity)		
68720		\$780.85	
68745	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); Without Tube	\$763.41	
68750	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); With Insertion Of Tube Or Stent	\$869.47	
68760	Closure Of The Lacrimal Punctum; By Thermocauterization, Ligation, Or Laser Surgery	\$211.31	
68761	Closure Of The Lacrimal Punctum; By Plug, Each	\$143.61	
68770	Closure Lacrimal Fistula (Separate Procedure)	\$579.24	
68801	Dilation Of Lacrimal Punctum, With Or Without Irrigation	\$101.65	
68810	Probing of Nasolacrimal Duct, With Or Without Irrigation;	\$169.63	
68811	Probing Of Nasolacrimal Duct, With Or Without Irrigation; Requiring General Anesthesia	\$138.14	
68815	Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Insertion Of Tube Or Stent	\$402.48	
68816	Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Transluminal Balloon Catheter Dilation	\$655.98	
68840	Probing Lacrimal Canaliculi, With Or Without Irrigation	\$91.96	
00044	Insertion Of Drug Delivery Implant Into Tear Duct Of Eye	\$33.69	
68841			
	Injection Contrast Medium For Dacryocystography	ລວວ.ລະ	i l
68850		\$55.52 Price By Report	
68850 68899	Unlisted Procedure, Lacrimal System	Price By Report	
68850 68899 69000	Unlisted Procedure, Lacrimal System Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Simple	Price By Report \$130.70	
68850 68899 69000 69005	Unlisted Procedure, Lacrimal System Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Simple Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Complicated	Price By Report \$130.70 \$152.55	
68850 68899 69000	Unlisted Procedure, Lacrimal System Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Simple	Price By Report \$130.70	

Code	Description	Fee	Prior Auth Status
69100	Biopsy External Ear	\$67.66	
69105	Biopsy External Auditory Canal	\$103.56	
69110	Excision External Ear; Partial, Simple Repair	\$423.79	
69120	Excision External Ear; Complete Amputation	\$369.81	
69140	Excision Exostosis(Es), External Auditory Canal	\$810.50	
69145	Excision Soft Tissue Lesion, External Auditory Canal	\$291.98	
69150	Removal Of Growth Of Ear Canal, Without Neck Dissection	\$945.37	
69155	Removal Of Growth Of Ear Canal, With Neck Dissection	\$1,514.22	
69200	Removal Foreign Body From External Auditory Canal; Without General Anesthesia	\$83.87	
69205	Removal Foreign Body From External Auditory Canal; With General Anesthesia	\$97.71	
69209	Removal Of Impacted Ear Wax By Washing	\$13.90	
69210	Removal Of Impact Ear Wax, One Ear	\$48.73	
69220	Removal Of Skin Debris And Drainage Of Mastoid Cavity, Simple	\$53.19	
69222	Removal Of Skin Debris And Drainage Of Mastoid Cavity, Complex	\$152.60	
69300	Otoplasty, Protruding Ear, With Or Without Size Reduction		PA Required
69310	Reconstruction Of External Auditory Canal (Meatoplasty) (Eq. For Stenosis Due To Injury, Infection) (Separate Procedure)	\$817.08	r A Nequileu
69320	Reconstruction External Auditory Canal For Congenital Attesia, Single Stage	\$1,484.06	
69399	Unlisted Procedure, External Ear	Price By Report	
69420	Incision, Aspiration, And/Or Inflation Of Eardrum	\$134.04	
69421	Incision, Aspiration, And Inflation Of Eardrum Under Anesthesia	\$108.09	
69424	Incision, Aspiration, And Inhabitor of Landuni office Ariesticsia Ventilating Tube Removal Requiring General Anesthesia		
	· · ·	\$131.66	
69433	Tympanostomy (Requiring Insertion Of Ventilating Tube), Local Or Topical Anesthesia	\$141.40	
69436	Tympanostomy (Requiring Insertion Of Ventilating Tube), General Anesthesia	\$164.86	
69440	Middle Ear Exploration Through Postauricular Or Ear Canal Incision	\$655.63	
69450	Tympanolysis, Transcanal Transmostrid Astrotomy ("Cimple" Masteidastomy)	\$579.99	
69501	Transmastoid Antrotomy ("Simple" Mastoidectomy) Mosteidectorus Corpolate	\$668.16	
69502	Mastoidectomy; Complete	\$982.82	
69505	Mastoidectomy; Modified Radical	\$1,170.61	
	Mastoidectomy; Radical	\$1,196.71	
69530	Petrous Apicectomy Including Radical Mastoidectomy	\$1,480.55	
69535	Resection Temporal Bone, External Approach	\$2,493.34	
	Excision Aural Polyp	\$204.58	
69550	Excision Aural Glomus Tumor; Transcanal	\$1,013.85	
69552	Excision Aural Glomus Tumor; Transmastoid	\$1,497.74	
69554	Excision Aural Glomus Tumor; Extended (Extratemporal)	\$2,362.12	
69601	Revision Mastoidectomy; Resulting In Complete Mastoidectomy	\$956.22	
69602	Revision Of Previous Mastoid Surgery, Modified Radical Procedure	\$1,139.75	
69603	Revision Of Previous Mastoid Surgery, Radical Procedure	\$1,221.37	
69604	Revision Mastoidectomy; Resulting In Tympanoplasty	\$1,047.40	
69610	Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch	\$400.14	
69620	Myringoplasty (Surgery Confined To Drumhead And Donor Area)	\$747.67	
03020	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular	Ψ11.01	
69631	Chain Reconstruction	\$936.85	
69632	Repair Of Eardrum, Ear Canal, And Bones	\$1,025.21	
69633	Repair of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy	\$1,104.08	
09033	Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair);	\$1,104.00	
69635	Tyripanoplasty with Antioutiny of Mastioutioning (Including Canapiasty, Attourney, Middle Lai Surgery, And Orlympanic Membrane Repair), Without Ossicular Chain Reconstruction	\$1,202.26	
	Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone	\$1,202.26	
69636	Repair Of Eardrum, Ear Canal, And Bones With Incision Of Prosthesis With Opening Of Mastoid	. ,	
69637	· · ·	\$1,420.13	
69641	Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Complex	\$1,092.95	
69642	Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple	\$1,400.52	
69643	Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Simple	\$1,281.37	
69644	Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, With Intact Canal Wall	\$1,429.24	
69645	Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Extensive Or Radical	\$1,510.12	
69646	Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical	\$1,486.44	
69650	Stapes Mobilization	\$758.57	
69660	Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material	\$869.14	
69661	Stapedectomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material; With Footplate Drill Out	\$1,129.68	
69662	Revision Of Stapedectomy Or Stapedotomy	\$1,084.15	
69666	Repair Oval Window Fistula	\$762.83	
69667	Repair Round Window Fistula	\$763.14	
69670	Mastoid Obliteration (Separate Procedure)	\$891.81	
69676	Tympanic Neurectomy	\$789.74	
69700	Closure Postauricular Fistula, Mastoid (Separate Procedure)	\$626.58	
69705	Dilation Of Canal Between Middle Ear And Throat (Eustachian Tube) On One Side Of Body, Using Endoscope Inserted Through Nose	\$2,771.10	
69706	Dilation Of Canal Between Middle Ear And Throat (Eustachian Tube) On Both Sides Of Body, Using Endoscope Inserted Through Nose	\$3,162.15	
69710	Implantation Or Replacement Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone	\$515.74	
69711	Removal Or Repair of Electromagnetic Bone Conduction Hearing Device In Temporal Bone	\$789.46	
69714	Temporal Bone Implantation Of Cochlear Stimulating System, Accessed Through The Skin	\$669.33	
69714	Implantation Of Cochlear Stimulating System, Accessed Influent To External Speech Processor		PA Required
	Temporal Bone Replacement Of Cochlear Stimulating System, Accessed Through The Skin		i A Nequileu
69717	Revision Or Replacement Of Cochlear Stimulating System Into Skull With Magnetic Attachment To External Speech Processor	\$675.27 \$563.13	DA Boguiza d
69719 69720	Release Of Facial Nerve, Lateral		PA Required
69725	Release Of Facial Nerve, Bedial	\$1,116.57 \$1,736.31	
		\$1,736.31	DA Bocuire 1
69726	Removal Of Cochlear Stimulating System From Skull With Attachment Through Skin To External Speech Processor		PA Required
69727	Removal Of Cochlear Stimulating System From Skull With Magnetic Attachment To External Speech Processor	\$466.80	PA Required
	Removal Of Entire Cochlear Stimulating System From Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech	_	
69728	Processor	\$519.13	
69729	Implantation Of Cochlear Stimulating System Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor	\$587.22	
69730	Replacement Of Cochlear Stimulating System Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor	\$600.39	
69740	Repair Of Facial Nerve, External To The Geniculate Ganglion	\$1,083.82	
69745	Repair Of Facial Nerve, Internal To The Geniculate Ganglion	\$1,157.11	
69799	Unlisted Procedure, Middle Ear	Price By Report	-
69801	Incision Of Fluid Canals Of Inner Ear With Infusion Of Drugs, Transcanal Approach	\$241.53	
69805	Endolymphatic Sac Operation; Without Shunt	\$958.25	
69806	Endolymphatic Sac Operation; With Shunt	\$862.85	
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Code	Description	Fee	Prior Auth Status
69905	Labyrinthectomy; Transcanal	\$866.80	
69910	Labyrinthectomy; With Mastoidectomy	\$925.72	
69915	Vestibular Nerve Section, Translabyrinthine Approach	\$1,394.48	
69930	Cochlear Device Implantation, With Or Without Mastoidectomy		PA Required
69949	Unlisted Procedure, Inner Ear Vestibular Nerve Section, Transcranial Approach	Price By Report \$1,610.30	
69950 69955	Total Release Of Facial Nerve	\$1,824.63	
69960	Decompression Internal Auditory Canal	\$1,741.88	
69970	Removal Of Tumor	\$1,970.87	
69979	Unlisted Procedure, Temporal Bone, Middle Fossa Approach	Price By Report	
69990	Microsurgical Techniques, Requiring Use Of Operating Microscope (List Separately In Addition To Code For Primary Procedure)	\$201.95	
	Myelography, Posterior Fossa, Radiological Supervision And Interpretation	\$54.11	
70015	Cisternography, Positive Contrast, Radiological Supervision And Interpretation	\$165.73	
70030	Radiologic Examination, Eye, For Detection Of Foreign Body	\$24.61	
70100	X-Ray Of Mandible, Less Than 4 Views	\$32.99	
70110	X-Ray Of Mandible, Minimum Of 4 Views	\$41.76	
70120	X-Ray Of Mastoid, Less Than 3 Views Per Side	\$34.99	
70130	X-Ray Of Mastoid, Minimum Of 3 Views Per Side	\$60.84	
70134	Radiologic Examination, Internal Auditory Meati, Complete	\$59.75	
70140	X-Ray Of Bones Of Face, Less Than 3 Views	\$34.41	
70150	X-Ray Of Bones Of Face, Minimum Of 3 Views	\$49.86	
70160	X-Ray Of Bones Of Nose, Minimum Of 3 Views	\$32.52	
70170	Dacryocystography, Nasolacrimal Duct, Radiological Supervision And Interpretation	\$50.84	
70190	Radiologic Examination Optic Foramina	\$36.86	
70200	X-Ray Of Eye Bones, Minimum Of 4 Views	\$50.81	
70210	X-Ray Of Paranasal Sinus, Less Than 3 Views	\$34.78	
70220	X-Ray Of Paranasal Sinus, Complete, Minimum Of 3 Views	\$40.58	
70240	Radiologic Examination, Sella Turcica	\$31.95	
70250	X-Ray Of Skull, Less Than 4 Views	\$38.41	
70260	X-Ray Of Skull, Complete, Minimum Of 4 Views	\$48.22	
70300	X-Ray Of Teeth, Single View	\$12.00	
70310	X-Ray Of Teeth, Less Than Full Mouth	\$36.86	
70320	X-Ray Of Teeth, Full Mouth	\$52.88	
70328	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth Unilateral	\$31.33	
70330	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth Bilateral	\$48.11	
70332	Temporomandibular Joint Arthrography, Radiological Supervision And Interpretation	\$83.31	
70336	Magnetic Resonance (Eg, Proton) Imaging, Temporomandibular Joint(S)	\$303.58	
70350	Cephalogram, Orthodontic	\$15.27	
70355	Orthopantogram (Eg, Panoramic X-Ray)	\$18.78	
70360	Radiologic Examination Neck, Soft Tissue X-Ray Of Voice Box Or Throat	\$28.02	
70370 70371	Imaging Of Voice Box With Speech Evaluation	\$64.49 \$101.29	
70371	Radiologic Examination, Salivary Gland For Calculus	\$36.53	
70390	Sialography, Radiological Supervision And Interpretation	\$117.42	
70450	Computed Tomography, Head Or Brain; Without Contrast Material	\$117.63	
70460	Computerized Axial Tomography, Head Or Brain; With Contrast Material(S)	\$165.72	
70470	Computerized Axial Tomography, Head Or Brain; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$194.68	
70480	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear, Without Contrast Material	\$176.87	
70481	Computerized Axial Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; With Contrast Material(S)	\$202.79	
	Computerized Axial Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear, Without Contrast Material, Followed By		
70482	Contrast Material(S) And Further Sections	\$238.05	
70486	Computed Tomography, Maxillofacial Area; Without Contrast Material	\$142.71	
70487	Computerized Axial Tomography, Maxillofacial Area; With Contrast Material(S)	\$170.09	
70488	Computerized Axial Tomography, Maxillofacial Area; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$207.76	
70490	Computed Tomography, Soft Tissue Neck; Without Contrast Material	\$167.43	
70491	Computerized Axial Tomography, Soft Tissue Neck; With Contrast Material(S)	\$207.04	
70492	Computerized Axial Tomography, Soft Tissue Neck; Without Contrast Material Followed By Contrast Material(S) And Further Sections	\$248.84	
1	Computed Tomographic Angiography, Head, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image		
70496	Postprocessing	\$466.88	
70.400	Computed Tomographic Angiography, Neck, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	A 107	
70498	Postprocessing Mri Scan Bones Of The Eve. Face. And/Or Neck	\$467.09	
70540	Mri Scan Bones Of The Eye, Face, And/Or Neck Mri Scan Bones Of The Eye, Face, And/Or Neck With Contrast	\$257.30 \$275.18	
70542 70543	Mri Scan Bones Of The Eye, Face, And/Or Neck With Contrast Mri Scan Bones Of The Eye, Face, And/Or Neck Before And After Contrast	\$275.18 \$385.48	
70543	Magnetic Resonance Angiography, Head; Without Contrast Material(S)	\$385.48 \$243.14	
70545	Magnetic Resonance Angiography, Head; With Contrast Material(S)	\$256.58	
70546	Magnetic Resonance Angiography, Head; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$372.51	
70547	Magnetic Resonance Angiography, Neck; Without Contrast Material(S)	\$243.86	
70548	Magnetic Resonance Angiography, Neck; With Contrast Material(S)	\$277.78	
70549	Magnetic Resonance Angiography, Neck; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$390.44	
70551	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material	\$220.37	
70552	Magnetic Resonance (Eg, Proton) Imaging;	\$305.52	
	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material, Followed By Contrast Material(S) And		
70553	Further Sequences	\$360.17	
L	Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or	l . —	
70554	Visual Stimulation, Not Requiring Physician Or Psychologist Administration	\$387.92	
	Magnetic Resonance Imaging, Brain, Functional Mri, Including Test Selection And Administration Of Repetitive Body Part Movement And/Or	l	
70555	Visual Stimulation, Requiring Physician Or Psychologist Administration Of Entire Neurofuntional Testing	\$134.99	
70557	Mri Scan Of Brain, During Open Brain Procedure	\$154.37	
70558	Mri Scan Of Brain With Contrast, During Open Brain Procedure	\$173.08	
70559	Mri Scan Of Brain, During Open Brain Procedure Before And After Contrast	\$163.12	
71045	X-Ray Of Chest, 1 View X-Ray Of Chest, 2 Views	\$27.50	
71046	X-Ray Of Chest, 2 Views X-Ray Of Chest, 3 Views	\$35.86 \$41.29	
71047		\$41.38	
71048 71100	X-Ray Of Chest, Minimum Of 4 Views X-Ray Of Ribs Of One Side Of Body, 2 Views	\$45.68	
11100	A TRUE OF THE ONE OF BODY, 2 VIEWS	\$37.89	

Code	Description	Fee	Prior Auth Status
71101	S-Ray Of Ribs On One Side Of Body Including The Chest, Minimum Of 3 Views	\$45.13	Filor Autil Status
	X-Ray Of Both Sides Of The Ribs, 3 Views	\$47.12	
71111	X-Ray Of Both Sides Of The Ribs Including The Chest, Minimum Of 4 Views	\$50.22	
71120	X-Ray Of Breast Bone, Minimum Of 2 Views	\$36.23	
71130	X-Ray Of Junction Of Breast And Collar Bones, Minimum Of 2 Views	\$37.40	
71250	Diagnostic Ct Scan Of Chest	\$147.92	
71260	Diagnostic Ct Scan Of Chest With Contrast	\$186.44	
71270	Diagnostic Ct Scan Of Chest Before And After Contrast Low Dose Ct Scan Of Chest For Lung Cancer Screening	\$221.33 \$139.19	
/ 12/ 1	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	ψ13 3 .13	
71275	Postprocessing	\$636.94	
	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast		
71550	Material(S)	\$562.26	
74554	Manuatic December (For Destar) Inspirer Chart (For For Fundamination Of Library And Medication Library And Andrews Medication Library And	* 007.04	
71551	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast	\$387.04	
71552	Material(S), Followed By Contrast Material(S) And Further Sequences	\$705.19	
71555	Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S)	\$379.90	
72020	X-Ray Of Spine, 1 View	\$26.69	
72040	X-Ray Of Spine Of Neck, 2 Or 3 Views	\$39.11	
72050	X-Ray Of Upper Spine, 4 Or 5 Views	\$57.29	
72052	X-Ray Of Upper Spine, 6 Or More Views	\$70.26	
	X-Ray Of Middle Spine, 2 Views	\$35.13	
72072	X-Ray Of Middle Spine, 3 Views	\$42.04	
72074 72080	X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Middle And Lower Spine, 2 Views	\$44.97 \$37.33	
72080	X-Ray Of Spine, Entire Middle And Lower Spine, 1 View	\$37.32 \$42.11	
72082	X-Ray Of Spine, Entire Middle And Lower Spine, 1 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views	\$72.16	
72083	X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views	\$73.91	
72084	X-Ray of Spine, Minimum Of 6 Views	\$88.04	
72100	X-Ray Of Lower And Sacral Spine, 2 Or 3 Views	\$42.28	
72110	X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views	\$58.09	
72114	Radiologic Examination, Spine, Lumbosacral; Complete, Including Bending Views, Minimum Of 6 Views	\$62.58	
	Radiologic Examination, Spine, Lumbosacral; Bending Views Only, 2 Or 3 Views	\$44.27	
72125	Computed Tomography, Cervical Spine; Without Contrast Material	\$145.02	
72126	Computerized Axial Tomography, Cervical Spine; With Contrast Material	\$188.86	
72127 72128	Computerized Axial Tomography, Cervical Spine; Without Contrast Material, Followed By Contrast Material(S) And Further Sections Computed Tomography, Thoracic Spine; Without Contrast Material	\$222.19 \$144.65	
72129	Computer Tomography, Thoracic Spine; With Contrast Material	\$190.32	
72130	Computerized Axial Tomography, Thoracic Spine; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$200.83	
72131	Computed Tomography, Lumbar Spine; Without Contrast Material	\$144.28	
72132	Computerized Axial Tomography, Lumbar Spine; With Contrast Material	\$188.86	
72133	Computerized Axial Tomography, Lumbar Spine; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$221.82	
72141	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical Without Contrast Material	\$215.28	
72142	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical With Contrast Material(S)	\$312.80	
72146	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic Without Contrast Material	\$214.92	
72147	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic With Contrast Material(S)	\$309.52	
72148 72149	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar Without Contrast Material Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar With Contrast Material(S)	\$215.65 \$306.98	
72149	Magnetic Resonance (Eg. Proton) Imaging, Spirial Canal And Contents, Without Contrast Material, Followed By Contrast Material(S) And	\$300.90	
72156	Further Sequences; Cervical	\$362.83	
	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(S) And	*	
72157	Further Sequences; Thoracic	\$363.18	
	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(S) And		
72158	Further Sequences; Lumbar	\$361.74	
	Magnetic Resonance Angiography, Spinal Canal And Contents, With Or Without Contrast Material(S)	\$353.36	
72170 72190	X-Ray Of Pelvis, 1 Or 2 Views X-Ray Of Pelvis, Minimum Of 3 Views	\$29.68 \$41.52	
12130	Computed Tomographic Angiography, Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	φ+1.32	
72191	Onstrocessing	\$470.40	
72192	Computed Tomography, Pelvis; Without Contrast Material	\$148.28	
72193	Computerized Axial Tomography, Pelvis; With Contrast Material(S)	\$363.01	
72194	Computerized Axial Tomography, Pelvis; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$436.19	
72195	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S)	\$261.43	
72196		\$275.63	
	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; With Contrast Material(S)	φ213.03	
72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$384.75	
72197 72198	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S)	\$384.75 \$343.55	
72197 72198 72200	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) X-Ray Of Sacroiliac Joints, Less Than 3 Views	\$384.75 \$343.55 \$28.47	
72197 72198	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) X-Ray Of Sacroiliac Joints, Less Than 3 Views X-Ray Of Sacroiliac Joints, 3 Or More Views	\$384.75 \$343.55	
72197 72198 72200 72202	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) X-Ray Of Sacroiliac Joints, Less Than 3 Views X-Ray Of Sacroiliac Joints, 3 Or More Views	\$384.75 \$343.55 \$28.47 \$33.06	
72197 72198 72200 72202 72220 72240 72255	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) X-Ray Of Sacrolliac Joints, Less Than 3 Views X-Ray Of Sacrolliac Joints, 3 Or More Views X-Ray Of Pelvis, Minimum Of 2 Views Myelography, Cervical, Radiological Supervision And Interpretation Myelography, Thoracic, Radiological Supervision And Interpretation	\$384.75 \$343.55 \$28.47 \$33.06 \$35.18 \$111.87 \$114.16	
72197 72198 72200 72202 72220 72240 72255 72265	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) X-Ray Of Sacroiliac Joints, Less Than 3 Views X-Ray Of Sacroiliac Joints, 3 Or More Views X-Ray Of Pelvis, Minimum Of 2 Views Myelography, Cervical, Radiological Supervision And Interpretation Myelography, Thoracic, Radiological Supervision And Interpretation Myelography, Lumbosacral, Radiological Supervision And Interpretation	\$384.75 \$343.55 \$28.47 \$33.06 \$35.18 \$111.87 \$114.16 \$106.20	
72197 72198 72200 72202 72220 72240 72255 72265 72270	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) X-Ray Of Sacroiliac Joints, Less Than 3 Views X-Ray Of Sacroiliac Joints, 3 Or More Views X-Ray Of Pelvis, Minimum Of 2 Views Myelography, Cervical, Radiological Supervision And Interpretation Myelography, Thoracic, Radiological Supervision And Interpretation Myelography, Lumbosacral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Spinal Canal, 2 Or More Spinal Regions	\$384.75 \$343.55 \$28.47 \$33.06 \$35.18 \$111.87 \$114.16 \$106.20 \$161.71	
72197 72198 72200 72202 72220 72240 72255 72265 72270 72285	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) X-Ray Of Sacroiliac Joints, Less Than 3 Views X-Ray Of Sacroiliac Joints, 3 Or More Views X-Ray Of Pelvis, Minimum Of 2 Views Myelography, Cervical, Radiological Supervision And Interpretation Myelography, Thoracic, Radiological Supervision And Interpretation Myelography, Lumbosacral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Spinal Canal, 2 Or More Spinal Regions Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Upper Or Middle Spine	\$384.75 \$343.55 \$28.47 \$33.06 \$35.18 \$111.87 \$114.66 \$106.20 \$161.71 \$122.66	
72197 72198 72200 72202 72220 72240 72255 72265 72270 72285 72295	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) X-Ray Of Sacroiliac Joints, Less Than 3 Views X-Ray Of Sacroiliac Joints, 3 Or More Views X-Ray Of Pelvis, Minimum Of 2 Views Myelography, Cervical, Radiological Supervision And Interpretation Myelography, Thoracic, Radiological Supervision And Interpretation Myelography, Lumbosacral, Radiological Supervision And Interpretation Myelography, Lumbosacral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Upper Or Middle Spine Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Lower Spine	\$384.75 \$343.55 \$28.47 \$33.06 \$35.18 \$111.87 \$114.16 \$106.20 \$161.71 \$122.66 \$120.67	
72197 72198 72200 72202 72220 72240 72255 72265 72270 72285 72295 73000	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) X-Ray Of Sacroiliac Joints, Less Than 3 Views X-Ray Of Sacroiliac Joints, 3 Or More Views X-Ray Of Pelvis, Minimum Of 2 Views Myelography, Cervical, Radiological Supervision And Interpretation Myelography, Thoracic, Radiological Supervision And Interpretation Myelography, Lumbosacral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Spinal Canal, 2 Or More Spinal Regions Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Upper Or Middle Spine Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Lower Spine Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Lower Spine Radiological Supervision Clavicle, Complete	\$384.75 \$343.55 \$28.47 \$33.06 \$35.18 \$111.87 \$114.16 \$106.20 \$161.71 \$122.66 \$120.67 \$31.65	
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73615 Radiologic Examination, Ankle, Anthrography, Radiological Supervision And Interpretation \$117.97 73600 X-Ray Of Foot, Infimum Of 3 Views \$20.94 73630 X-Ray Of Foot, Infimum Of 3 Views \$29.95 7360 X-Ray Of Toot, Minimum Of 2 Views \$29.96 7360 X-Ray Of Toos, Minimum Of 2 Views \$29.96 7370 Computed Tomography, Lower Extremity, With Contrast Material (\$) \$14.26 7370 Computed Tomography Lower Extremity, With Contrast Material (\$) \$14.26 7370 Computed Tomographic Angiography, Lower Extremity, With Contrast Material (\$) \$14.26 7370 Computed Tomographic Angiography, Lower Extremity, With Contrast Material (\$) \$14.76 7370 Computed Tomographic Angiography, Lower Extremity, With Contrast Material (\$) \$47.77 7371 Magnetic Resonance (E.g., Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material (\$) \$286.96 7371 Magnetic Resonance (E.g., Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material (\$) \$384.75 7372 And Full Magnetic Resonance (E.g., Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material (\$) \$384.75 7372 Angue (E.g., Proton) Imaging, Any-Joint Of Lower Extremity, With Contrast Material (\$) \$384.75 7372 Extremit (E.g., Proton) Imaging, Any-Joint Of Lower Extremity, With Contrast Material (\$)	73600	X-Ray Of Ankle, 2 Views	\$30.43	
73600 X-Ray OT Foot, 2 Views \$30.45 73630 X-Ray OT Foot, Minimum OT 3 Views \$2.961 73650 X-Ray OT Heel, Minimum OT 2 Views \$2.951 73700 Computed Tomography, Lower Extremity, Without Contrast Material (S) \$144.28 73701 Computed Tomography, Lower Extremity, Without Contrast Material (S) \$186.80 73701 Computed Tomography, Lower Extremity, Without Contrast Material (S) \$186.80 73701 Computed Tomography, Lower Extremity, Without Contrast Material (S) \$186.80 73701 Computer Robins (Robins (Rob	73610	X-Ray Of Ankle, Minimum Of 3 Views	\$32.94	
73630 X-Ray OT Foot, Minimum Of 3 Views \$3.2.94 73650 X-Ray OT Toes, Minimum Of 2 Views \$2.9.61 73660 X-Ray OT Toes, Minimum Of 2 Views \$2.5.36 73700 Computed Tomography, Lower Extremity, With Contrast Material \$144.28 73701 Computed Tomography, Lower Extremity, With Contrast Material, Followed By Contrast Material(S) And Further Sections \$218.79 Computed Tomography, Lower Extremity, With Contrast Material, Followed By Contrast Material(S) \$228.79 73718 Computed Tomography, Lower Extremity, Other Than Joint, Without Contrast Material(S) \$284.04 73719 Magnetic Resonance (Eg. Proton) Imaging, Lower Extremity Other Than Joint, Without Contrast Material(S) \$228.99 73719 Magnetic Resonance (Eg. Proton) Imaging, Lower Extremity Other Than Joint, Without Contrast Material(S) \$289.99 73720 And Further Sequences \$384.75 73721 Magnetic Resonance (Eg. Proton) Imaging, Any Joint OI Lower Extremity, Without Contrast Material(S) \$289.99 73722 Magnetic Resonance (Eg. Proton) Imaging, Any Joint OI Lower Extremity, Without Contrast Material(S), Followed By Contrast Material(S) And State Feducates \$384.75 73722 Further Sequences \$344.361	73615		\$117.97	
73650 X-Ray Of Heel, Minimum Of 2 Views \$23.61 73660 X-Ray Of Toes, Minimum Of 2 Views \$25.36 73700 Computed Tomography, Lower Extremity, With Contrast Material (\$) \$144.28 73701 Computed Tomography, Lower Extremity, With Contrast Material (\$) \$18.60 73702 Computerized Axial Tomography, Lower Extremity, With Contrast Material (\$), including Noncontrast Images, If Performed, And Image \$218.73 73706 Postprocessing \$475.78 73706 Postprocessing \$475.78 73708 Postprocessing \$475.78 73718 Magnetic Resonance (£g, Proton) Imaging, Lower Extremity Other Than Joint; With Contrast Material(\$) \$228.40 73718 Magnetic Resonance (£g, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(\$) \$298.99 Magnetic Resonance (£g, Proton) Imaging, Any Joint Of Lower Extremity Without Contrast Material(\$) \$384.75 73721 Magnetic Resonance (£g, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material(\$) \$389.75 73721 Magnetic Resonance (£g, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material(\$) \$380.39 73722 Magnetic Resonance (£g, Proton) Imaging, Any Joint Of Low			•	
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Computerized Axial Tomography, Lower Extremity, Without Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing \$475.78				
Computed Tomographic Angiography, Lower Extremity, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image \$447.78 37376 Postprocessing \$457.78 373718 Magnetic Resonance (Eg. Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S) \$238.99 37379 Magnetic Resonance (Eg. Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S) \$238.99 37370 Magnetic Resonance (Eg. Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S) \$384.75 37371 Magnetic Resonance (Eg. Proton) Imaging, Any Joint Of Lower Extremity, Without Contrast Material(S) \$380.39 37372 Magnetic Resonance (Eg. Proton) Imaging, Any Joint Of Lower Extremity, Without Contrast Material(S) \$360.39 37372 Magnetic Resonance (Eg. Proton) Imaging, Any Joint Of Lower Extremity, Without Contrast Material(S) \$360.39 37372 Magnetic Resonance (Eg. Proton) Imaging, Any Joint Of Lower Extremity, Without Contrast Material(S) \$360.39 37372 Magnetic Resonance (Eg. Proton) Imaging, Any Joint Of Lower Extremity, Without Contrast Material(S) \$360.39 37372 Magnetic Resonance Angiography, Lower Extremity, Without Contrast Material(S) \$380.27 3738 Magnetic Resonance Angiography, Lower Extremity, Without Contrast Material(S) \$380.27 37401 X-Ray Of Abdomen, 1 View \$32.99 37402 Magnetic Resonance (Eg. Proton) Imaging, Any Joint Of Lower Extremity, Without Contrast Material(S) \$380.27 37401 X-Ray Of Abdomen, 1 View \$32.99 37402 Magnetic Resonance (Eg. Proton) Magnetic All Tomography, Abdomen, Without Contrast Material(S) \$380.27 37401 X-Ray Of Abdomen, Minimum Of Views \$353.30 37402 Magnetic Resonance (Eg. Proton) Magnetic All Tomography, Abdomen, Without Contrast Material(S) \$380.27 37402 Computed Tomography, Abdomen, Without Contrast Material(S) \$380.27 37417 Computed Tomography, Abdomen And Pelvis, With Contrast Material(S) \$475.17 37418 Magnetic All Tomography, Abdomen And Pelvis, With Contrast Material(S) \$				
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And Further Sequences \$384.75	73719		\$298.99	
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X-Ray Of Abdomen, 2 Views \$35.30				
Computed Tomography, Abdomen, With Single X-Ray Of Chest \$51.44				
74150 Computed Tomography, Abdomen; With Contrast Material \$152.53 74160 Computerized Axial Tomography, Abdomen; With Contrast Material Followed By Contrast Material(S) And Further Sections \$369.66 74170 Computerized Axial Tomography, Abdomen; Without Contrast Material, Followed By Contrast Material(S) And Further Sections \$446.91 74171 Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing \$445.17 74175 Computed Tomography, Abdomen And Pelvis; Without Contrast Material \$190.87 74176 Computed Tomography, Abdomen And Pelvis; Without Contrast Material \$190.87 74177 Computed Tomography, Abdomen And Pelvis; Without Contrast Material \$190.87 74177 Computed Tomography, Abdomen And Pelvis; Without Contrast Material \$190.87 74181 Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) \$381.77 74182 Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) \$345.14 74183 Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) \$382.44 74184 Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) \$383.45 74185 Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) \$382.44 74190 Peritoneogram (Eg., After Injection Of Air Or Contrast), Radiological Supervision And Interpretation \$63.77 74210 X-Ray Of Vioce Box And/Or Esophagus In Neck With Contrast \$78.60 74221 X-Ray Of Esophagus With Single Contrast \$99.75 74220 X-Ray Of Esophagus With Double Contrast \$113.91 74233 Removal Of Foreign Body(S), Esophagus With Single Contrast \$100.79 74240 X-Ray Of Upper Digestive Tract With Single Contrast \$100.79 74240 X-Ray Of Upper Digestive Tract With Single Contrast \$100.79 74240 X-Ray Of Upper Digestive Tract With Single Contrast \$100.79 74240 X-Ray Of Upper Digestive Tract With Single Contrast \$100.79 74240 X-Ray Of Upper Digestive Tract With Single Contrast				
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Ophthalmic Ultrasound, Echography, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of Corneal Thickness) \$11.88				
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Abdominal Ultrasound Of Pregnant Uterus (Greater Or Equal To 14 Weeks 0 Days) Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination, Transabdominal Approach; Single Or First Gestation Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination, Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure) \$168.08 Testal Ultrasound Of Pregnant Uterus (First Trimester) Single Or First Fetus \$138.55 Testal Ultrasound Of Pregnant Uterus (First Trimester), Abdominal Or Vaginal Approach \$91.21 Testal Ultrasound Of Pregnant Uterus, 1 Or More Fetus(Es) Ultrasound Of Pregnant Uterus, 1 Or More Fetus(Es) \$10.31 Ultrasound Of Pregnant Uterus, 1 Or More Fetus(Es) \$10.31 Testal Ultrasound Of Pregnant Uterus, 1 Or More Fetus(Es) \$10.31				
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76812 Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure) \$168.08 76813 Ultrasound Of Pregnant Uterus (First Trimester) Single Or First Fetus \$138.55 76814 Ultrasound Of Pregnant Uterus (First Trimester), Abdominal Or Vaginal Approach \$91.21 76815 Ultrasound Of Pregnant Uterus, 1 Or More Fetus(Es) \$101.12 76816 Ultrasound Re-Evaluation Of Pregnant Uterus, Per Fetus \$100.81 76817 Vaginal Ultrasound Of Pregnant Uterus \$110.92	76811		\$278.17	
76813 Ultrasound Of Pregnant Uterus (First Trimester) Single Or First Fetus \$138.55 76814 Ultrasound Of Pregnant Uterus (First Trimester), Abdominal Or Vaginal Approach \$91.21 76815 Ultrasound Of Pregnant Uterus, 1 Or More Fetus(Es) \$101.12 76816 Ultrasound Re-Evaluation Of Pregnant Uterus, Per Fetus \$100.81 76817 Vaginal Ultrasound Of Pregnant Uterus \$110.92	700/-		*	
76814 Ultrasound Of Pregnant Uterus (First Trimester), Abdominal Or Vaginal Approach \$91.21 76815 Ultrasound Of Pregnant Uterus, 1 Or More Fetus(Es) \$101.12 76816 Ultrasound Re-Evaluation Of Pregnant Uterus, Per Fetus \$100.81 76817 Vaginal Ultrasound Of Pregnant Uterus \$110.92				
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76817 Vaginal Ultrasound Of Pregnant Üterus \$110.92				
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76818 Fetal Biophysical Profile; With Non-Stress Testing \$130.10				
	76818	Fetal Biophysical Profile; With Non-Stress Testing	\$130.10	

76819	Description Fetal Biophysical Profile; Without Non-Stress Testing	Fee \$117.09	Prior Auth Status
76819	Doppler Velocimetry, Fetal; Umbilical Artery	\$117.09 \$53.01	
76821	Doppler Velocimetry, Fetal; Middle Cerebral Artery	\$101.65	
76825	Echocardiography, Fetal, Cardiovascular System, Real Time With Image Documentation (2D) With Or Without M-Mode Recording;	\$188.55	
	Echocardiography, Fetal, Cardiovascular System, Real Time With Image Documentation (2D) With Or Without M-Mode Recording; Follow-Up		
76826	Or Repeat Study	\$113.46	
76827	Doppler Echocardiography, Fetal, Pulsed Wave And/Or Continuous Wave With Spectral Display; Complete	\$110.91	
76828	Doppler Echocardiography, Fetal, Cardiovascular System, Pulsed Wave And/Or Continuous Wave With Spectral Display; Follow-Up Or Repeat Study	\$83.83	
76830	Ultrasound, Transvaginal	\$107.82	
76831	Saline Infusion Sonohysterography (Sis), Including Color Flow Doppler, When Performed	\$128.15	
76856	Ultrasound Of Pelvis, Complete, Not Pregnancy Related	\$107.82	
76857	Ultrasound Of Pelvis, Limited, Not Pregnancy Related	\$50.88	
76870 76872	Ultrasound Of Scrotum Ultrasound Of Pelvic Region Through Rectum	\$104.67 \$107.55	
76873	Ultrasound Of Prostate Through Rectum For Radiation Therapy Planning	\$107.33	
76881	Complete Ultrasound Of Arm Or Leg	\$62.52	
76882	Partial Ultrasound Of Joint Or Other Non-Blood Vessel Structure Of Arm Or Leg	\$43.18	
76883	Comprehensive Ultrasound Scan Of Entire Length Of Nerves In Extremity	\$64.22	
76885	Ultrasound Of Hips With Manipulation, Infant	\$110.97	
76886	Ultrasound Of Hips, Infant	\$101.99	
76932 76936	Ultrasonic Guidance For Endomyocardial Biopsy, Imaging Supervision And Interpretation Ultrasound Guided Compression Repair Of Blood Vessel	\$93.25 \$250.85	
70930	Ultrasound Guidance For Vascular Access Requiring Ultrasound Evaluation Of Potential Access Sites, Documentation Of Selected Vessel	φ230.03	
76937	Patency, Concurrent Realtime Ultrasound Visualization Of Vascular Needle Entry, With Permanent Recording And Reporting (Lis	\$36.56	
76940	Ultrasound Guidance For, And Monitoring Of, Visceral Tissue Ablation	\$100.67	
76941	Ultrasonic Guidance For Intrauterine Fetal Transfusion Or Cordocentesis, Imaging Supervision And Interpretation	\$67.55	
76042	Ultrasonic Guidance For Needle Placement (Eg, Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation	¢64.24	
76942 76945	Ultrasonic Guidance For Needle Placement (Eg, Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation Ultrasonic Guidance For Chorionic Villus Sampling, Imaging Supervision And Interpretation	\$61.31 \$106.72	
76946	Ultrasonic Guidance For Amniocentesis, Imaging Supervision And Interpretation	\$34.04	
76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging Supervision And Interpretation	\$77.52	
76965	Ultrasonic Guidance For Interstitial Radioelement Application	\$98.02	
76975	Gastrointestinal Endoscopic Ultrasound, Supervision And Interpretation	\$99.79	
76977 76978	Ultrasound Measurement Of Bone Density Ultrasound Using Targeted Microbubble Contrast Of First Lesion	\$7.16 \$290.01	
76978	Ultrasound Using Targeted Microbubble Contrast Of Additional Lesion	\$290.01	
76981	Elastography Ultrasound Of Organ Tissue	\$116.34	
76982	Elastography Ultrasound Of First Lesion	\$91.15	
76983	Elastography Ultrasound Of Additional Lesion	\$59.21	
76998	Ultrasonic Guidance Interoperative	\$162.07	
76999	Unlisted Ultrasound Procedure (Eg, Diagnostic, Interventional)	Price By Report	
77001 77002	Fluoroscopic Guidance For Insertion, Replacement Or Removal Of Central Venous Access Device Fluoroscopic Guidance For Insertion Of Needle	\$112.98 \$88.91	
77003	Fluoroscopic Guidance For Injection Into Spine Or Muscle Next To Spine	\$91.29	
77011	Ct Guidance Stereotactic Localization	\$243.50	
77012	Ct Needle Placement	\$152.06	
77013	Ct Tissue Ablation	\$191.14	
77014	Ct Radiation Therapy Fields	\$128.90	
77021	Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle	\$418.09	
77022 77046	Mri Guidance For Destruction Of Tissue Mri Of One Breast	\$217.12 \$217.31	
77047	Mri Of Both Breasts	\$247.99	
77048	Mri Of One Breast With And Without Contrast	\$344.75	
77049	Mri Of Both Breasts With And Without Contrast	\$390.80	
	Mammary Ductogram Single Duct	\$57.07	
	Mammary Ductogram Multiple Ducts	\$66.39	
77061	Digital Tomography Of One Breast Digital Tomography Of Both Breasts	Price By Report	
77062 77063	Digital Lomography Of Both Breasts Screening Digital Tomography Of Both Breasts	Price By Report \$55.73	
77065	Diagnostic Mammography Of One Breast	\$89.39	
77066	Diagnostic Mammography Of Both Breasts	\$115.48	
77067	Screening Mammography Of Both Breasts	\$95.52	
77071	Contralateral Joint If Indicated	\$38.31	
77072	Bone Age Studies	\$27.87	
77073	Bone Length Studies Radiologic Exam Osseous Survey Limited	\$51.21 \$70.35	
77074 77075	X-Ray Survey Of Forearm Or Wrist Bone Density	\$70.35 \$94.35	
77076	X-Ray Survey Of Bones, Infant	\$75.96	
77077	Imaging Of 2 Or More Joints, Single View	\$50.16	
77078	Ct Scan Bone Mineral Density Study 1 Or More Sites	\$141.05	
77080	Bone Density Measurement Of The Core Or Central Skeleton (E.G., Hips, Pelvis, Spine) Bone Density Measurement Of The Core Or Extremities (E.G., Radius, Wrist, Heel)	\$39.49	
77081 77084	Bone Density Measurement Of The Core Of Extremities (E.G., Radius, Wrist, Heel) Mri Bone Marrow Blood Supply	\$29.66 \$490.48	
77085	Bone Density Measurement Of The Core Or Central Skeleton (E.G., Hips, Pelvis, Spine), Including Assessment Of Vertebral Fracture	\$54.39	
77086	Fracture Assessment Of Spine Bones Using Dedicated X-Ray Machine For Bone Density Measurement	\$31.30	
77089	Calculation Of Trabecular Bone Score (Tbs) Using Imaging Data With Interpretation And Report On Fracture Risk	\$36.32	
77090	Technical Preparation And Transmission Of Imaging Data For Analysis Of Trabecular Bone Score (Tbs) Performed Elsewhere	\$2.25	
77091	Technical Calculation Of Trabecular Bone Score (Tbs)	\$25.43	
77092 77261	Interpretation Of Trabecular Bone Score (Tbs) And Report On Fracture Risk Management Of Radiation Therapy, Simple	\$8.65 \$73.45	
77262	Management Of Radiation Therapy, Intermediate	\$100.45	
77263	Management Of Radiation Therapy, Complex	\$173.31	
77280	Management Of Radiation Therapy Simulation, Simple	\$190.45	
77285	Management Of Radiation Therapy, Simulation, Intermediate	\$429.08	
77290	Management Of Radiation Therapy, Simulation, Complex	\$372.18	

77291	Description Percut Vertebroplasty Fluor	Fee Price By Report	Prior Auth Status
77292	Percutaeneous Vertebroplasty, Ct	Price By Report	
77293	Respiratory Motion Management Simulation	\$374.63	
77295	Management Of Radiation Therapy, 3D	\$501.20	
77299	Management Of Radiation Therapy, Therapeutic Radiology	Price By Report	
77300	Basic Radiation Dosimetry Calculation, Central Axis Depth Dose Calculation, Tdf, Nsd, Gap Calculation, Off Axis Factor, Tissue Inhomogeneity Factors, Calculation Of Non-Ionizing Radiation Surface And Depth Dose, As Required During Course Of Treatment,	\$68.69	
77301	Intensity Modulated Radiotherapy Plan, Including Dose-Volume Histograms For Target And Critical Structure Partial Tolerance Specifications	\$1,942.85	
	Radiation Therapy Plan, Online, Simple	\$160.02	
77307	Radiation Therapy Plan, Online, Complex Radiation Therapy Plan Simple For Insertion Of Radioactive Implant	\$312.09 \$230.60	
77316 77317	Radiation Therapy Plan Intermediate For Insertion of Radioactive Implant	\$230.00	
77317	Radiation Therapy Plan, Complex For Insertion Of Radioactive Implant	\$431.66	
77321	Special Teletherapy Port Plan, Particles, Hemi-Body, Total Body	\$98.37	
77331	Special Dosimetry (Eg, Tld, Microdosimetry) (Specify), Only When Prescribed By The Treating Physician	\$60.74	
77332	Radiation Treatment Devices, Design And Construction, Simple	\$40.35	
77333	Radiation Treatment Devices, Design And Construction, Intermediate	\$124.69	
77334	Radiation Treatment Devices, Design And Construction, Complex	\$131.08	
77336	Of Patient Treatment Documentation In Support Of The Radiation Oncologist, Reported Per Week Of Therapy Multi-Leaf Collimator (Mlc) Device(S) For Intensity Modulated Radiation Therapy (Imrt), Design And Construction Per Imrt Plan	\$77.76 \$483.28	
77338 77370	Special Medical Radiation Physics Consultation	\$483.28 \$123.99	
77371	Radiation Therapy Delivery, Stereotactic Radiosurgery (Srs) For Cranial Growths, Per Session, Using Multi-Source Radiotherapy	\$1,254.66	
77372	Radiation Therapy Delivery, Stereotactic Radiosurgery (Srs) For Cranial Growths, Per Session, Using A Linear Accelerator	\$947.49	
77373	Stereotactic Body Radiation Therapy 1 Or More Lesions Using Imaging Guidance	\$978.23	
77385	Intensity Modulated Radiation Therapy Delivery, Simple	\$310.08	
77386	Intensity Modulated Radiation Therapy Delivery, Complex	\$310.08	
77387	Guidance For Localization Of Target Delivery Of Radiation Treatment Management Of Radiation Therapy, Medical Radiation Physics	\$116.72	
77399 77401	Management of Radiation Therapy, Medical Radiation Physics Radiation Treatment Delivery, Superficial	Price By Report \$39.68	
77401	Radiation Treatment Delivery, Supplication	\$39.68 \$63.18	
77407	Radiation Treatment Delivery, Intermediate	\$74.27	
77412	Radiation Treatment Delivery, Complex	\$82.92	
77417	Therapeutic Radiology Port Films	\$12.31	
77423	Radiation Treatment Delivery, High Energy	\$246.03	
77424	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session	Price By Report	
77427	Radiation Treatment Management, 5 Treatments Radiation Treatment Management, 1 Or 2 Treatments	\$201.93	
77431 77432	Stereotactic Radiation Treatment Management Of Brain Lesions, Complete Course Of Treatment Consisting Of 1 Session	\$86.24 \$437.43	
77435	Stereotactic Radiation Treatment Management of 1 Or More Lesions Using Imaging Guidance, Per Treatment Course	\$660.19	
77469	Intraoperative Radiation Treatment Management	\$295.18	
77470	Special Treatment Procedure (Eg, Total Body Irradiation, Hemibody Radiation, Per Oral Or Endocavitary Irradiation)	\$142.24	
77499	Unlisted Management Of Radiation Therapy	Price By Report	
77520	Proton Treatment Delivery, Simple	\$323.27	
77522	Proton Treatment Delivery, Simple With Compensation Proton Treatment Delivery, Intermediate	Price By Report \$329.49	
77523 77525	Proton Treatment Delivery, Complex	Price By Report	
77600	Hyperthermia, Externally Generated Superficial (le, Heating To A Depth Of 4 Cm Or Less)	\$491.36	
77605	Hyperthermia, Externally Generated Deep (Ie, Heating To Depths Greater Than 4 Cm)	\$963.50	
77610	Hyperthermia Treatment, 5 Or Fewer Probe Applications	\$673.08	
77615	Hyperthermia Treatment, 5 Or More Probe Applications	\$1,048.32	
	Hyperthermia Generated By Intracavitary Probe(S)	\$626.66	
77750	Infusion Or Instillation Of Radioelement Solution, Includes 3-Month Follow-Up Care Application Of Organ Cavity Radiation Source, Simple	\$368.79 \$391.66	
77761 77762	Application Of Organ Cavity Radiation Source, Intermediate	\$514.02	
	Application Of Organ Cavity Radiation Source, Intermediate Application Of Organ Cavity Radiation Source, Complex	\$723.47	
77767	High Dose Brachytherapy Through Skin Surface, 1 Channel Or Up To 2.0 Cm	\$236.69	
	High Dose Brachytherapy Through Skin Surface, 2 Channels Or More Than 2.0 Cm	\$387.36	
	High Dose Brachytherapy , 1 Channel	\$352.57	
	High Dose Brachytherapy , 2- 12 Channels High Dose Brachytherapy , More Than 12 Channels	\$656.68 \$037.04	
77772 77778	Application Of Radiation Source, Complex	\$937.04 \$820.80	
77789	Surface Application Of Radiation Surface Application Of Radiation	\$126.26	
77790	Supervision, Handling, Loading Of Radiation	\$15.47	
77799	Unlisted Procedure, Clinical Brachytherapy	Price By Report	
78012	Thyroid Uptake Measurements Thyroid Imagina (Including Measurements)	\$85.66	
78013 78014	Thyroid Imaging (Including Vascular Flow, When Performed); Thyroid Imaging With Vascular Flow	\$178.79 \$243.85	
78014	Triyroid Carcinoma Metastases Imaging; Limited Area (Eg, Neck And Chest Only)	\$243.83	
78016	Thyroid Carcinoma Metastases Imaging; Limited Area (Eg. With Additional Studies (Eg. Urinary Recovery)	\$260.34	
78018	Thyroid Carcinoma Metastases Imaging; Limited Area (Eg, Whole Body	\$247.25	
78020	Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Code For Primary Procedure)	\$84.81	
78070 78071	Parathyroid Planar Imaging (Including Subtraction, When Performed); Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect)	\$197.56 \$357.72	
70071	Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect) Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect), And Concurrently Acquired Computed	φ351.12	
78072	Tomography (Ct) For Anatomical Localization	\$296.94	
78075	Adrenal Imaging, Cortex And/Or Medulla	\$409.71	
78099	Unlisted Endocrine Procedure, Diagnostic Nuclear Medicine	Price By Report	
78102	Bone Marrow Imaging; Limited Area	\$147.06	
78103 78104	Bone Marrow Imaging; Multiple Areas Bone Marrow Imaging; Whole Body	\$174.88 \$190.72	
78110	Nuclear Medicine Study Of Plasma, Single Samplings	\$66.62	
78111	Nuclear Medicine Study Of Plasma, Multiple Samplings	\$70.88	
78120	Nuclear Medicine Study Of Red Blood Cell, Volume Determination, Single Sample	\$68.27	
78121	Nuclear Medicine Study Of Red Blood Cell, Volume Determination, Multiple Samples	\$74.80	

Code	Description	Fee	Prior Auth Status
	Whole Blood Volume Determination, Including Separate Measurement Of Plasma Volume And Red Cell Volume (Radiopharmaceutical Volume-		
78122	Dilution Technique)	\$93.44	
78130	Nuclear Medicine Study Of Red Blood Cell, Red Cell Survival	\$120.05	
78140	Nuclear Medicine Study Of Red Blood Cell, Sequestration	\$106.52	
	Induced intelliging Study of Nethol blood cellin, desquestiation Spleen Imaging Only, With Or Without Vascular Flow		
78185		\$158.84	
78191	Platelet Survival Study	\$120.05	
78195	Lymphatics And Lymph Nodes Imaging	\$238.73	
78199	Nuclear Medicine Study Of Blood And Lymphatic Systems	Price By Report	
78201	Liver Imaging; Only	\$175.63	
78202	Liver Imaging; With Vascular Flow	\$142.72	
78215	Liver And Spleen Imaging;	\$180.87	
78216	Liver And Spleen Imaging; With Vascular Flow	\$123.00	
78226	Hepatobiliary System Imaging, Including Gallbladder When Present;	\$332.52	
10220	repatobiliary System Imaging, Including Galibladder When Present; With Pharmacologic Intervention, Including Quantitative Measurement(S) Hepatobiliary System Imaging, Including Galibladder When Present; With Pharmacologic Intervention, Including Quantitative Measurement(S)	\$332.32	
78227	When Performed	\$447.60	
78230	Imaging Of Salivary Gland, Simple	\$162.24	
78231	Imaging Of Salivary Gland, Complex	\$100.97	
78232	Salivary Gland Function Study	\$99.33	
78258	Esophageal Motility	\$196.90	
78261	Gastric Mucosa Imaging	\$189.26	
78262	Gastroesophageal Reflux Study	\$225.91	
78264	Stomach Emptying Study	\$224.41	
	Stomach Emptying And Small Bowel Transit Study		
78265		\$360.00	
78266	Stomach Emptying And Small Bowel With Colon Transit Study	\$403.94	
78267	Nuclear Medicine Study Of Digestive Tract, Acquisition	\$11.06	
78268	Nuclear Medicine Study Of Digestive Tract, Analysis	\$94.41	
78278	Acute Gastrointestinal Blood Loss Imaging	\$235.05	
78290	Intestine Imaging	\$222.34	
78291	Peritoneal-Venous Shunt Patency Test (Eg, For Leveen, Denver Shunt)	\$241.28	
	Penidonar-venidos Simin Fraetiky Test (Eg. 10 Leveen, Denver Simin) Unlisted Gastrointestinal Procedure, Diagnostic Nuclear Medicine		
78299		Price By Report	
78300	Bone And/Or Joint Imaging; Limited Area	\$192.11	
78305	Bone And/Or Joint Imaging, Multiple Areas	\$207.43	
78306	Bone And/Or Joint Imaging, Whole Body	\$235.39	
78315	Bone And/Or Joint Imaging, 3 Phase Study	\$267.00	
78350	Bone Density (Bone Mineral Content) Study Single Photon Absorptiometry	\$39.70	
78351	Bone Density (Bone Mineral Content) Study	\$80.45	
78399	Unlisted Musculoskeletal Procedure, Diagnostic Nuclear Medicine	Price By Report	
10399	Determination Of Central C-V Hemodynamics (Non-Imaging) (Eq. Ejection Fraction With Probe Technique) With Or Without Pharmacologic	File by Report	
70444		004.50	
78414	Intervention Or Exercise, Single Or Multiple Determinations	\$24.50	
78428	Cardiac Shunt Detection	\$173.26	
78429	Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation And Concurrently Acquired Ct Transmission Scan	\$86.39	
78430	Single Nuclear Medicine Study Of Blood Flow In Heart Muscle With Concurrently Acquired Ct Transmission Scan	\$81.95	
78431	Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle At Rest And With Stress, With Concurrently Acquired Ct Transmission Scan	\$95.22	
78432	Combined Nuclear Medicine Study Of Blood Flow In Heart Muscle With Metabolic Evaluation	\$101.48	
70.02		ψ.σσ	
78433	Combined Nuclear Medicine Study Of Blood Flow In Heart Muscle With Metabolic Evaluation And Concurrently Acquired Ct Transmission Scan	\$110.87	
78434	Nuclear Medicine Absolute Quantification of Blood Flow In Heart Muscle	\$32.15	
78445	Non-Cardiac Vascular Flow Imaging (le, Angiography, Venography)	\$193.32	
	Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction, Qualitative Or Quantitative Wall Motion, Ejection		
78451	Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Single Study, At Rest Or Stress (Ex	\$243.26	
	Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction, Qualitative Or Quantitative Wall Motion, Ejection		
78452	Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Multiple Studies, At Rest And/Or Stre	0.440.04	
	Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique,	\$413.24	
78453		\$413.24	
78454			
	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic)	\$271.69	
	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise	\$271.69 \$398.94	
78456	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide	\$271.69 \$398.94 \$288.81	
78456 78457	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm	\$271.69 \$398.94 \$288.81 \$166.38	
78456 78457 78458	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26	
78456 78457 78458 78459	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26	
78456 78457 78458	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26	
78456 78457 78458 78459	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26	
78456 78457 78458 78459 78466	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10	
78456 78457 78458 78459 78466 78468	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13	
78456 78457 78458 78459 78466 78468 78469	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99	
78456 78457 78458 78459 78466 78468	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10	
78456 78457 78458 78459 78466 78468 78469 78472	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arms Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99	
78456 78457 78458 78459 78466 78468 78469 78472	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arms Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99	
78456 78457 78458 78459 78466 78468 78469 78472	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56	
78456 78457 78458 78459 78466 78468 78469 78472 78473	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Vein, One Leg Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56 \$266.56	
78456 78457 78458 78459 78466 78468 78469 78472	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56	
78456 78457 78458 78459 78466 78468 78469 78472 78473	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Vein, One Leg Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56 \$266.56	
78456 78457 78458 78459 78466 78468 78469 78472 78473 78481 78483	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56 \$266.56	
78456 78457 78458 78459 78466 78468 78469 78472 78473 78481 78483 78491	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Single Nuclear Medicine Study Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Study Of Blood Flow In Heart Muscle	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56 \$266.56	
78456 78457 78458 78459 78466 78469 78472 78473 78481 78483 78491	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Single Nuclear Medicine Study Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle At Rest And With Stress Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction, With Or Without Quantitative	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56 \$266.56 \$164.10 \$224.06 \$74.78	
78456 78457 78458 78459 78466 78468 78469 78472 78473 78481 78483 78491	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Veins, One Leg Or Arms Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Single Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Single Nuclear Medicine Study Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Study Of Blood Flow In Heart Muscle At Rest And With Stress Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction, With Or Without Quantitative Processing	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56 \$266.56	
78456 78457 78458 78459 78468 78469 78472 78473 78481 78483 78491 78494	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Veins, One Leg Or Arms Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Single Nuclear Medicine Study Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Study Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Study Of Blood Flow In Heart Muscle At Rest And With Stress Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction, With Or Without Quantitative Processing Cardiac Blood Pool Imaging, Gated Equilibrium, Single Study, At Rest, With Right Ventricular Ejection Fraction By First Pass Technique (List	\$271.69 \$338.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56 \$266.56 \$164.10 \$224.06 \$74.78 \$94.54	
78456 78457 78458 78459 78466 78468 78469 78472 78473 78481 78483 78491 78494	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Veins, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Single Nuclear Medicine Study Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Study Of Blood Flow In Heart Muscle At Rest And With Stress Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction By First Pass Technique (List Separately In Addition To Code For Primary Procedure)	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56 \$266.56 \$164.10 \$224.06 \$74.78 \$94.54	
78456 78457 78458 78459 78466 78469 78472 78473 78481 78483 78491 78492 78494 78496 78499	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Veins, One Leg Or Arm Venography For Blood Clot In Veins, Both Legs Or Arms Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Single Nuclear Medicine Study Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle At Rest And With Stress Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction By First Pass Technique (List Separately In Addition To Code For Primary Procedure) Unlisted Cardiovascular Procedure, Diagnostic Nuclear Medicine	\$271.69 \$398.94 \$288.81 \$166.38 \$190.26 \$74.41 \$179.13 \$181.10 \$203.99 \$233.56 \$266.56 \$164.10 \$224.06 \$74.78 \$94.54 \$211.51 \$40.57 Price By Report	
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Anorectal Manometry	91117			
Electrogastrography, Diagnostic, Transcutaneous; Electrogastrography, Diagnostic, Transcutaneous; With Provocative Testing Measuring The Stiffness In The Liver Via Elastography Measuring The Stiffness In The Liver Via Elastography Measuring The Stiffness In The Liver Via Elastography Price By Report \$34.01 Measuring The Stiffness In The Liver Via Elastography Price By Report \$34.01 Price By Report \$76.52 Eye And Medical Examination For Diagnosis And Treatment, New Patient \$76.52 Eye And Medical Examination For Diagnosis And Treatment, New Patient, 1 Or More Visits Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient, 1 Or More Visits \$117.24 Eye And Medical Examination For Diagnosis And Treatment, Established Patient, 1 Or More Visits \$117.24 Eye And Medical Examination For Diagnosis And Treatment, Established Patient, 1 Or More Visits \$13.29 Eye And Medical Examination For Diagnosis And Treatment, Established Patient, 1 Or More Visits \$13.29 Eye And Medical Examination For Diagnosis And Treatment, New Patient, 1 Or More Visits \$13.29 Eye And Medical Examination For Diagnosis And Treatment, New Patient, 1 Or More Visits \$13.29 Eye And Medical Examination For Prescription Eye Wear Using A Range Of Lens Powers \$13.29 Diagnostic Eye Examination Under General Anesthesia, Complete \$143.70 Eye And Medical Examination Under General Anesthesia, Limited \$28.99 Eye Training Exercise Under Supervision Of Health Care Professional \$23.29 Eye Training Exercise Under Supervision Of Health Care Professional \$23.29 Eye Training Exercise Under Supervision Of Health Care Professional \$23.29 Eye Training Exercise Under Supervision Of Health Care Professional \$23.	91120 91122			
Masuring The Stiffness In The Liver Via Elastography \$34.01	91132	•		
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Eye And Medical Examination For Diagnosis And Treatment, New Patient Eye And Medical Examination For Diagnosis And Treatment, New Patient Eye And Medical Examination For Diagnosis And Treatment, New Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient, 1 Or More Visits \$11.724 Eye And Medical Examination For Diagnosis And Treatment, Established Patient Eye And Medical Examination For Diagnosis And Treatment, Established Patient \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, New Patient \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, New Patient \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, New Patient, 1 Or More Visits \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, New Patient \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, New Patient, 1 Or More Visits \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, New Patient, Established Patient \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, Established Patient \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, Established Patient \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, Established Patient \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, Established Patient, Established Patient \$20.1124 Eye And Medical Examination For Diagnosis And Treatment, Established Patient, Established Patient \$20.1124 Eye And Medical Examination \$20.1124 Eye And Medical Examination Eye And Medical Examination Eye And Medical Examination Eye And Medical Examination Eye And Me	91200	0 1 7	•	
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S28.99		· ·		
Sensorimotor Examination With Multiple Measurements Of Ocular Deviation (Eg, Restrictive Or Paretic Muscle With Diplopia) With Sensorimotor Examination With Multiple Measurements Of Ocular Deviation (Eg, Restrictive Or Paretic Muscle With Diplopia) With Sensorimotor Examination With Multiple Measurements Of Ocular Deviation (Eg, Restrictive Or Paretic Muscle With Diplopia) With Sensorimotor Examination With Multiple Measurements Of Ocular Surface Disease Sensorimotor Examination (Eg, Restrictive Or Paretic Muscle With Diplopia) With Sensorimotor Examination (With Multiple Measurement of Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (With Multiple Measurements Of Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Of Paretic Muscle With Diplopia) With Sensorimotor Examination (Sensoriments Of Paretic Muscle With Diplopia) With Sensoriments Of Paretic Muscle With Diplopia Sensoriments Of Paretic Muscle With Diplopia	92020	· ·		
Interpretation And Report (Separate Procedure) \$43.82 2065 Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation \$44.52 2066 Eye Training Exercise Under Supervision Of Health Care Professional \$23.29 2071 Fitting Of Contact Lens For Treatment Of Ocular Surface Disease \$32.62 2072 Fitting Of Contact Lens For Management Of Keratoconus, Initial Fitting \$88.83 2081 Measurement Of Field Of Vision During Daylight Conditions, Limited Examination \$34.78 2082 Measurement Of Field Of Vision During Daylight Conditions, Intermediate Examination \$48.94	92025	Computerized Corneal Topography, Unilateral Or Bilateral, With Interpretation And Report		
Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation \$44.52	02060	, , ,	640.00	
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Fitting Of Contact Lens For Treatment Of Ocular Surface Disease \$32.62	92066			
12081 Measurement Of Field Of Vision During Daylight Conditions, Limited Examination \$34.78 12082 Measurement Of Field Of Vision During Daylight Conditions, Intermediate Examination \$48.94	92071	Fitting Of Contact Lens For Treatment Of Ocular Surface Disease	\$32.62	
Measurement Of Field Of Vision During Daylight Conditions, Intermediate Examination \$48.94	92072			
	92081			
	92083	Measurement Of Field Of Vision During Daylight Conditions, Extended Examination	\$66.38	

92100 92132			
	Description		Prior Auth Status
92132	Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period, Same Day	\$81.32	
	Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral	\$32.96	
	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic		
92133	Nerve	\$38.77	
92134	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina	\$42.77	
92136	Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation	\$52.57	
92145	Corneal Hysteresis Determination	\$12.97	
92201	Extended Examination Of Eye With Drawing Of Retina	\$25.96	
92202	Extended Examination Of Eye With Drawing Of Optic Nerve And Surrounding Area (Macula)	\$16.51	
92227	Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff	\$15.16	
92228	Imaging Of Retina For Disease Detection, With Review And Report By Remote Healthcare Professional	\$29.00	
92230	Fluorescein Angioscopy With Interpretation And Report	\$93.32	
92235	Imaging Of Blood Vessels In Back Of Eye Using Fluorescein Dye	\$140.99	
92240	Imaging of Blood Vessels In Back Of Eye Using Indocyanine-Green Dye	\$208.88	
	Imaging of Blood Vessels In Back of Eye Using Fluorescein And Indocyanine-Green Dye	\$240.27	
92242	Integring or brood vessels in Back Or Eye Using Profession and Inducyal line-Green Dye Fundus Photography With Interpretation And Report		
92250		\$39.13	
92260	Ophthalmodynamometry	\$18.76	
92265	Needle Oculoelectromyography, One Or More Extraocular Muscles, One Or Both Eyes, With Interpretation And Report	\$82.31	
92270	Electro-Oculography With Interpretation And Report	\$104.00	
92273	Full Field Recording Of Retinal Electrical Responses To External Stimuli With Interpretation And Report	\$134.82	
92274	Multifocal Recording Of Retinal Electrical Responses To External Stimuli With Interpretation And Report	\$82.96	
92283	Color Vision Examination, Extended, Eg, Anomaloscope Or Equivalent	\$37.82	
92284	Dark Adaptation Examination With Interpretation And Report	\$54.96	
	External Ocular Photography With Interpretation And Report For Documentation Of Medical Progress (Eg, Close-Up Photography, Slit Lamp		
92285	Photography, Goniophotography, Stereo-Photography)	\$24.23	
92286	Anterior Segment Imaging With Interpretation And Report; With Specular Microscopy And Endothelial Cell Analysis	\$41.32	
92287	Anterior Segment Imaging With Interpretation And Report; With Fluorescein Angiography	\$131.06	
92310	Measurement Of Curvature Of Both Corneas With Contact Lens Fitting, Except For Aphakia	\$30.95	
	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical Supervision Of Adaptation; Corneal Lens For	400.00	
92311	Aphakia, One Eve	\$101.93	
92312	Measurement Of Curvature Of Both Corneas With Contact Lens Fitting, For Aphakia	\$91.46	
92312	Measurement Of Curvature Of Cornea With Contact Lens Fitting To Cornea And Sclera, With Medical Supervision Of Adaptation	\$90.39	
J2J1J	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By	φ σ υ.39	
00045	Independent Technician Corneal Lens For Aphakia, One Eye	¢70.50	
92315	Measurement Of Curvature Of Both Corneas With Contact Lens Fitting, With Supervision By Independent Technician, For Aphakia	\$79.58	
92316	The state of the s	\$98.23	
00047	Measurement Of Curvature Of Cornea With Contact Lens Fitting To Cornea And Sclera, With Medical Supervision Of Adaptation And Direction Of Emiting Polyladara and Table is in	#00 F4	
92317	Of Fitting By Independent Technician	\$83.51	
92326	Replacement Of Contact Lens	\$41.92	
92370	Repair And Refitting Spectacles; Except For Aphakia	\$31.14	
92499	Unlisted Ophthalmological Service Or Procedure	Price By Report	
92502	Examination Of Head, Neck, Including Ears, Nose And Throat Under General Anesthesia	\$102.73	
92504	Binocular Microscopy (Separate Diagnostic Procedure)	\$30.49	
92507	Treatment Of Speech, Language, Voice, Communication, And/Or Hearing Processing Disorder	\$22.62	
92508	Group Treatment Of Speech, Language, Voice, Communication, And/Or Hearing Processing Disorder	\$17.42	
92511	Nasopharyngoscopy With Endoscope (Separate Procedure)	\$127.32	
92512	Nasal Function Studies, Eg, Rhinomanometry	\$43.50	
92516	Facial Nerve Function Studies (Eg, Electroneuronography)	\$66.19	
92520	Laryngeal Function Studies (Ie, Aerodynamic Testing And Acoustic Testing)	\$78.61	
92521	Evaluation Of Speech Fluency	\$96.23	
92522	Evaluation Of Speech Sound Production	\$82.80	
92523	Evaluation Of Speech Sound Production With Evaluation Of Language Comprehension And Expression	\$170.14	
92524	Behavioral And Qualitative Analysis Of Voice And Resonance	\$81.03	
92526	Treatment of Swallowing Dysfunction And/or Oral Function For Feeding	\$82.89	
92520	Spontaneous Nystagmus, Including Gaze	\$0.01	
		\$0.01	
92532	Positional Nystagmus Test Calorio Vestibular Test, Facel Irrigation (Binaural, Bithormal Stimulation Constitutes Four Tests)	ma c :	
		\$0.01	
92533	Caloric Vestibular Test, Each Irrigation (Binaural, Bithermal Stimulation Constitutes Four Tests)	\$21.06	
92533 92534	Optokinetic Nystagmus Test	\$21.06 \$0.01	
92533 92534 92537	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears	\$21.06 \$0.01 \$44.08	
92533 92534 92537 92538	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears	\$21.06 \$0.01 \$44.08 \$21.48	
92533 92534 92537 92538 92540	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61	
92533 92534 92537 92538	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording	\$21.06 \$0.01 \$44.08 \$21.48	
92533 92534 92537 92538 92540	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61	
92533 92534 92537 92538 92540 92541	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78	
92533 92534 92537 92538 92540 92541 92542	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78	
92533 92534 92537 92538 92540 92541 92542 92544 92545	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78 \$16.91	
92533 92534 92537 92538 92540 92541 92542 92544 92545 92546	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording Oscillating Tracking Test, With Recording Sinusoidal Vertical Axis Rotational Testing	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78 \$16.91 \$17.69 \$120.36	
92533 92534 92537 92538 92540 92541 92542 92544 92545 92546 92547	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording Oscillating Tracking Test, With Recording Sinusoidal Vertical Axis Rotational Testing Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure)	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78 \$16.91 \$17.69 \$120.36 \$10.14	
92533 92534 92537 92538 92540 92541 92542 92544 92545 92546 92547 92548	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording Oscillating Tracking Test, With Recording Sinusoidal Vertical Axis Rotational Testing Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure) Computerized Dynamic Assessment Of Balance And Postural Instability	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78 \$16.91 \$17.69 \$120.36 \$10.14	
92533 92534 92537 92538 92540 92541 92542 92544 92545 92546 92547 92548 92550	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording Oscillating Tracking Test, With Recording Sinusoidal Vertical Axis Rotational Testing Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure) Computerized Dynamic Assessment Of Balance And Postural Instability Tympanometry And Reflex Threshold Measurements	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78 \$16.91 \$17.69 \$120.36 \$10.14 \$46.45	
92533 92534 92537 92538 92540 92541 92542 92544 92545 92546 92547 92548 92550 92551	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording Oscillating Tracking Test, With Recording Sinusoidal Vertical Axis Rotational Testing Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure) Computerized Dynamic Assessment Of Balance And Postural Instability Tympanometry And Reflex Threshold Measurements Screening Test, Pure Tone, Air Only	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78 \$16.91 \$17.69 \$120.36 \$10.14 \$46.45 \$23.17 \$14.89	
92533 92534 92537 92538 92540 92541 92542 92544 92545 92546 92547 92548 92550 92551 92552	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording Oscillating Tracking Test, With Recording Sinusoidal Vertical Axis Rotational Testing Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure) Computerized Dynamic Assessment Of Balance And Postural Instability Tympanometry And Reflex Threshold Measurements Screening Test, Pure Tone, Air Only Pure Tone Audiometry (Threshold) Air Only	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78 \$16.91 \$17.69 \$120.36 \$10.14 \$46.45 \$23.17 \$14.89 \$23.58	
92533 92534 92537 92538 92540 92541 92542 92544 92545 92546 92547 92548 92550 92551 92552 92553	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording Oscillating Tracking Test, With Recording Sinusoidal Vertical Axis Rotational Testing Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure) Computerized Dynamic Assessment Of Balance And Postural Instability Tympanometry And Reflex Threshold Measurements Screening Test, Pure Tone, Air Only Pure Tone Audiometry (Threshold) Air Only Pure Tone Audiometry (Threshold) Air And Bone	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78 \$17.69 \$120.36 \$10.14 \$46.45 \$23.17 \$14.89 \$23.58	
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92533 92534 92537 92538 92540 92541 92542 92544 92545 92546 92547 92548 92550 92551 92552 92553 92555	Optokinetic Nystagmus Test Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording Positional Nystagmus Test, Minimum Of 4 Positions, With Recording Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording Oscillating Tracking Test, With Recording Sinusoidal Vertical Axis Rotational Testing Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure) Computerized Dynamic Assessment Of Balance And Postural Instability Tympanometry And Reflex Threshold Measurements Screening Test, Pure Tone, Air Only Pure Tone Audiometry (Threshold) Air Only Pure Tone Audiometry (Threshold) Air And Bone Speech Audiometry Threshold;	\$21.06 \$0.01 \$44.08 \$21.48 \$106.61 \$26.78 \$30.78 \$16.91 \$17.69 \$120.36 \$10.14 \$46.45 \$23.17 \$14.89 \$23.58 \$30.43	
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93005 Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report \$6.30				
93010 Electrocardiogram, Routine Ecg With At Least 12 Leads; Interpretation And Report Only \$8.48				
	93010	Electrocardiogram, Routine Ecg With At Least 12 Leads; Interpretation And Report Only	\$8.48	

	Description		Prior Auth Status
93015	Exercise Or Drug-Induced Heart And Blood Vessel Stress Test With Ekg Monitoring, Physician Supervision, Interpretation, And Report	\$74.76	
00040	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or December 2018 (1997) (1997	# 00.40	
93016	Pharmacological Stress; Supervision Only, Without Interpretation And Report Continuously Stress Test Union Maximal Or Supervision Transfer In Programs Transfer Only, Without Interpretation And Report	\$22.42	
93017	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise; Tracing Only, Without Interpretation And Report Exercise Or Drug-Induced Heart And Blood Vessel Stress Test With Ekg Monitoring, Physician Interpretation And Report	\$37.32	
93018 93024	Ergonovine Provocation Test	\$15.03 \$103.59	
93025	Microvolt T-Wave Alternans For Assessment Of Ventricular Arrhythmias	\$115.56	
93040	Rhythm Ecq. One To Three Leads; With Interpretation And Report	\$12.97	
93041	Rhythm Ecg, One To Three Leads; Tracing Only Without Interpretation And Report	\$5.34	
93042	Rhythm Ecg, One To Three Leads; Interpretation And Report Only	\$7.04	
93050	Analysis Of Pressure Of Upper Limb Artery With Interpretation And Report	\$14.94	
93224	Heart Rhythm Tracing, Analysis, And Interpretation Of 48-Hour Ekg, Includes Recording, Scanning Analysis With Report	\$80.31	
	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And Storage; Recording (Includes Connection,	·	
93225	Recording, And Disconnection)	\$20.48	
93226	Heart Rhythm Analysis, Interpretation And Report Of 48-Hour Ekg	\$40.46	
93227	Heart Rhythm Tracing, Analysis, And Interpretation Of 48-Hour Ekg	\$19.38	
93228	Heart Rhythm Tracing, Computer Analysis, And Interpretation Of Patient-Triggered Events Greater Than 24-Hour Ekg Up To 30 Days	\$26.30	
	Heart Rhythm Tracing, Computer Analysis, Physician Prescribed Transmission Of Patient-Triggered Events Greater Than 24-Hour Ekg Up To	_	
93229	30 Days	\$922.38	
00044	Lload Dhathar Decading Analysis Decad Devisor And International Configuration Statement File Over Many Theory (Ollows United To 7 Devis	#000 00	
93241	Heart Rhythm Recording, Analysis, Report, Review, And Interpretation Of Continous External Ekg Over More Than 48 Hours Up To 7 Days Heart Rhythm Recording Continous External Ekg Over More Than 48 Hours Up To 7 Days	\$239.86	
93242	Heart Rhythm Analysis And Report Of Continous External Ekg Over More Than 48 Hours Up To 7 Days	\$14.40 \$208.41	
93243	Heart Rhythm Review, And Interpretation Of Continous External Ekg Over More Than 48 Hours Up To 7 Days		
93244 93245	Heart Rhythm Recording, Analysis, Interpretation And Report Of Continuous External Ekg Over More Than 1 Week Up To 1 Weeks	\$22.16 \$252.67	
93245	Heart Rhythm Recording Of Continous External Ekg Over 8-15 Days	\$252.67 \$14.40	
93246	Heart Rhythm Analysis And Report Of Continous External Ekg Over 8-15 Days	\$219.09	
93248	Heart Rhythm Review And Interpretation Of Continous External Ekg Over 8-15 Days	\$24.35	
93260	Programming Device Evaluation Of Heart Monitoring System With Adjustment Of Programmed Values With Analysis, Review And Report	\$72.83	
93261	Evaluation Of Defibrillator With Analysis, Review, And Report	\$66.44	
93264	Remote Monitoring Of Wireless Pressure Sensor In Lung Artery With Qualified Health Care Professional Analysis, Review, And Report	\$39.03	
	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory		
93268	Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Includes Transmission, Review And Int	\$197.81	
	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory		
93270	Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Recording (Includes Connection, Record	\$8.85	
	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory	_	
93271	Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Transmission Download And Analysis	\$163.28	
00070	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory	#05.00	
93272	Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Review And Interpretation By A Physicia Signal-Averaged Electrocardiography (Saecg), With Or Without Ecg	\$25.68	
93278	Evaluation, Testing, And Programming Adjustment Of Permanent Single Lead Pacemaker System In One Chamber Of Heart With Qualified	\$27.36	
93279	Livationation, resiming, And Professional Analysis, Review, And Report	\$59.16	
00210	Total Care Total Control Care Care Care Care Care Care Care Care	φοσ.10	
93280	Evaluation, Testing, And Programming Adjustment Of Permanent Dual Lead Pacemaker System With Physician Analysis, Review, And Report	\$70.09	
	Evaluation, Testing, And Programming Adjustment Of Permanent Multiple Lead Pacemaker System With Physician Analysis, Review, And	·	
93281	Report	\$81.59	
93282	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Single Lead Defibrillator System	\$74.99	
93283	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Dual Lead Defibrillator System	\$96.46	
93284	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Multiple Lead Defibrillator System	\$108.27	
	Evaluation, Testing, And Programming Adjustment Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care	_	
93285	Professional Analysis, Review, And Report	\$49.98	
02200	Evaluation, Testing, And Programming Adjustment Of Single, Dual, Or Multiple Lead Pacemaker System Before Or After Surgery, Procedure,	¢22.75	
93286 93287	Or Test With Qualified Health Care Professional Analysis, Review, And Report Evaluation And Programming Adjustment Of Defibrillator With Analysis, Review And Report	\$33.75 \$39.25	
93207	Evaluation of Parameters of Leadless, Single, Dual, Or Multiple Lead Pacemaker System With Qualified Health Care Professional Analysis,	\$39.25	
93288	Evaluation of a farmeters of Leadiess, Grigle, Dual, of Multiple Lead Facetraker Gystein With adams of realist Care Followship Leading Review, And Report	\$44.63	
	Evaluation Of Defibrillator Including Connection, Recording And Disconnection	\$76.81	
	Evaluation Of Parameters Of Implantable Heart And Blood Vessel Monitor System With Qualified Health Care Professional Analysis, Review,	ψ10.01	
93290	And Report	\$39.10	
		,	
93291	Evaluation Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care Professional Analysis, Review, And Report	\$43.04	
	Evaluation Of Wearable Defibrillator System Including Connection, Disconnection, Recording, Physician Analysis, Review, And Report	\$49.73	
93293	Telephonic Evaluation Of Single, Dual, Or Multiple Lead Pacemaker Heart Rhythm Strips Up To 90 Days	\$50.76	
	Remote Evaluations Of Single, Dual, Or Multiple Lead Pacemaker System With Qualified Health Care Professional Analysis, Review, And	_	
93294	Report, Up To 90 Days Remote Evaluations Of Defibrillator Lin To 90 Days With Analysis Review And Report	\$31.03	
93295	Remote Evaluations Of Defibrillator Up To 90 Days With Analysis, Review And Report	\$38.42	
93296	Remote Evaluations Of Single, Dual, Or Multiple Lead Pacemaker System Or Implantable Defibrillator System With Technician Review, Support And Distribution Of Results, Up To 90 Days	\$24.00	
30 2 90	Remote Evaluations Of Implantable Heart And Blood Vessel Monitor System With Qualified Health Care Professional Analysis, Review, And	\$24.83	
93297	Renott, Up To 30 Days	\$27.03	
55251	Remote Evaluations Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care Professional Analysis, Review, And	Ψ21.03	
93298	Report, Up To 30 Days	\$27.03	
93303	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Complete	\$242.37	
93304	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Follow-Up Or Limited Study	\$136.02	
93306	Ultrasound Examination Of Heart Including Color-Depicted Blood Flow Rate, Direction, And Valve Function	\$213.45	
	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete,		
93307	Without Spectral Or Color Doppler Echocardiography	\$149.37	
	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Follow-Up Or		_
93308	Limited Study	\$106.11	
00010	Echocardiography, Transesophageal, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording); Including Probe	A0=0	
93312	Placement, Image Acquisition, Interpretation And Report Echagordiagraphy, Real Time With Image Decemberation (2D) (With Or Without M Made Reporting). Transport Report Of	\$256.83	
03313	Echocardiography, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording), Transesophageal; Placement Of Transesophageal Probe Only	¢44 E0	
93313	Echocardiography, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording), Transesophageal; Image Acquisition,	\$11.52	
93314	Ecritication and Report Only Interpretation And Report Only	\$200.17	
55517	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Including Probe Placement, Image Acquisition, Interpretation And	Ψ200.17	
93315	Report	\$138.00	
93316	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Placement Of Transesophageal Probe Only	\$26.43	
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Code			
00047	Description		Prior Auth Status
93317	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Image Acquisition, Interpretation And Report Only	\$99.55	
	Echocardiography, Transesophageal (Tee) For Monitoring Purposes, Including Probe Placement, Real Time 2-Dimensional Image Acquisition		
93318	And Interpretation Leading To Ongoing (Continuous) Assessment Of (Dynamically Changing) Cardiac Pumping Function And To Ther	\$104.63	
93319	3D Ultrasound Imaging Of Heart For Evaluation Of Heart Structure Performed During Ultrasound Imaging Of Congenital Heart Defects	\$49.55	
93320	Doppler Ultrasound Study Of Heart Blood Flow, Valves, And Chambers	\$55.13	
93321	Follow-Up Or Limited Heart Doppler Ultrasound Study Of Heart Blood Flow, Valves, And Chambers	\$27.37	
93325	Doppler Ultrasound Study Of Color-Directed Heart Blood Flow, Rate, And Valve Function	\$25.80	
93350	Ultrasound Examination Of The Heart Performed During Rest, Exercise, And/Or Drug-Induced Stress With Interpretation And Report	\$202.55	
33330	Ultrasound Examination And Continuous Monitoring Of The Heart Performed During Rest, Exercise, And/Or Drug-Induced Stress With	Ψ202.33	
93351	Interpretation And Report	\$251.02	
93352	Use Of Echocardiographic Contrast Agent During Stress Echocardiography (List Separately In Addition To Code For Primary Procedure)	\$35.50	
93355	Insertion Of Probe In Esophagus For Heart Ultrasound Examination During Procedure On Heart Or Great Blood Vessel Via Catheter	\$232.72	
93356	Heart Muscle Strain Imaging	\$41.96	
93451	Insertion Of Catheter For Diagnostic Evaluation Of Right Heart Structures	\$1,011.29	
93452	Insertion Of Catheter Into Left Heart Including Imaging Interpretation And Supervision And Injection	\$994.61	
93453	Insertion Of Catheter Into Right And Left Heart For Diagnosis	\$1,260.00	
93454	Insertion Of Catheter For Imaging Of Heart Including Imaging Interpretation And Supervision And Injection	\$996.08	
93455	Insertion Of Catheter For Imaging Of Heart Blood Vessels And/Or Grafts Including Imaging Interpretation And Supervision And Injection	\$1,106.97	
93456	Insertion Of Catheter In Right Heart For X-Ray Imaging Of Blood Vessels Or Grafts	\$1,237.58	
93457	Insertion Of Catheter in Right Heart For Imaging Of Blood Vessels Or Grafts	\$1,213.33	
93437	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels And Left Lower Heart Including Imaging Interpretation And Supervision And	φ1,213.33	
93458	Insertion of catheter in Left Heart 1 of Inlaying of blood vessers And Left Lower Heart including inlaying interpretation And Supervision And Injection	\$1,140.55	
JJ-JU	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels And/Or Grafts And Left Lower Heart Including Imaging Interpretation And	ψ1,140.33	
93459	Insertion of Catheter in Left Heart For imaging of Blood vessels Androf Grans And Left Lower Heart including imaging interpretation and Supervision And Injection	\$1,224.93	
93460	Insertion Of Catheter In Right And Left Heart And Left Lower Heart Including Imaging Interpretation And Supervision And Injection	\$1,360.91	
JJ400	Insertion Of Catheter In Right And Left Heart And Left Lower Heart For Imaging Of Blood Vessels And/Or Grafts Including Imaging	φ1,300.91	
93461	Insertion of calineter in Kight And Left heart And Left Lower Heart For Imaging Of Blood Vessels And/Of Graits including imaging Interpretation And Supervision And Injection	\$1,349.91	
93462	Insertion Of Catheter Into Left Heart Through The Septum Or Apical Area Of The Heart	\$203.55	
JJ402	Pharmacologic Agent Administration (Eq., Inhaled Nitric Oxide, Intravenous Infusion Of Nitroprusside, Dobutamine, Milrinone, Or Other Agent)	φ∠∪3.33	
93463	Including Assessing Hemodynamic Measurements Before, During, After And Repeat Pharmacologic Agent Administration (Eg. ninaled Nittle Oxide, Intravenous Intustion Of Nittoprusside, Dobutamine, Willindone, Of Other Agent)	\$100.61	
00400	Physiologic Exercise Study (Eq. Bicycle Or Arm Ergometry) Including Assessing Hemodynamic Measurements Before And After (List	φ100.011	
93464	Separately In Addition To Code For Primary Procedure)	\$215.57	
93503	Insertion And Placement Of Flow Directed Catheter (Eg, Swan-Ganz) For Monitoring Purposes	\$89.24	
93505	Endomyocardial Biopsy	\$465.12	
93303	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Coronary	ψ 4 03.12	
93563	Angiography During Congenital Heart Catheterization (List Separately In Addition To Code For Primary Procedure)	\$57.27	
93303	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Opacification Of	φ51.21	
93564	Aortocoronary Venous Or Arterial Bypass Graft(S) (Eg, Aortocoronary Saphenous Vein, Free Radial Artery, Or	\$52.54	
33304	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Left Ventricular Or	ψ02.04	
93565	Left Atrial Angiography (List Separately In Addition To Code For Primary Procedure)	\$44.67	
33303	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Right Ventricular	Ψ-1.07	
93566	Or Right Atrial Angiography (List Separately In Addition To Code For Primary Procedure)	\$137.08	
33300	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Supravalvular Aortography	ψ137.00	
93567	(List Separately In Addition To Code For Primary Procedure)	\$114.32	
00001	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Pulmonary Angiography (List	ψ114.02	
93568	Separately In Addition To Code For Primary Procedure)	\$128.97	
93569	Injection For Selective Imaging Of Pulmonary Artery During Heart Catheterization, On One Side Of Body	\$32.69	
93571	Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment, Initial Vessel	\$78.25	
93572	Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment, Each Additional Vessel	\$51.20	
93573	Injection For Selective Imaging Of Pulmonary Artery During Heart Catheterization, On Both Sides Of Body	\$54.49	
93574	Injection For Selective Imaging Of Pulmonary Vein During Heart Catheterization	\$60.27	
93575	Injection For Selective Imaging Of Major Aortopulmonary Collateral Arteries During Heart Catheterization	\$80.54	
93580	Catheter Based Closure Of Congenital Interatrial Defect With Implant, Accessed Through The Skin	\$942.85	
93581	Catheter Based Closure Of Congenital Heart Defect With Implant, Accessed Through The Skin	\$1,149.00	
93582	Closure Of Congenital Heart Defect From Pulmonary (Lung) Artery To Aorta Via Catheter Accessed Through The Skin	\$541.17	
93583	Therapy For Reduction Of Lower Heart Chamber Defect Via Catheter Accessed Through The Skin	\$642.83	
	Transcatheter Closure Of Leak Adjacent To Mitral Valve Using First Closure Device	\$987.85	
93591	Transcatheter Closure of Leak Adjacent To Aortic Valve Using First Closure Device	\$816.25	
93592	Transcatheter Closure Of Leak Adjacent To Heart Valve Using Additional Closure Device	\$359.58	
JUUJZ	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel	ψυσυ.υδ	
ı	Connections, Using Imaging Guidance	Price By Report	
93593			
93593		,,,,,,	
93593	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance	Price By Report	
	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel		
93594	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance	Price By Report	
93594	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance	Price By Report	
93594 93595	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood	Price By Report Price By Report	
93594 93595	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance	Price By Report Price By Report	
93594 93595 93596	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel	Price By Report Price By Report Price By Report	
93594 93595 93596 93597	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance	Price By Report Price By Report Price By Report Price By Report	
93594 93595 93596 93597 93598	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects	Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
93594 93595 93596 93597 93598 93600 93602	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording	Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58	
93594 93595 93596 93597 93598 93600 93602	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial)	Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08	
93594 93595 93596 93597 93598 93600 93602	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording	Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08	
93594 93595 93596 93597 93598 93600 93602 93603 93609	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin	Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08	
93594 93595 93596 93597 93598 93600 93602 93603 93609 93610	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Cutput Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure)	Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87	
93594 93595 93596 93597 93598 93600 93602 93603 93609 93610	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure)	Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$254.37	
93594 93595 93596 93597 93598 93600 93602 93603 93609 93610 93612 93613	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) Intraventricular Pacing	Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$254.37 \$265.11	
93594 93595 93596 93597 93598 93600 93602 93603 93609 93610 93612 93613	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) Intra-Atrial Pacing Intraventricular Pacing Intraventricular Pacing Intraventricular Electrophysiologic 3-Dimensional Mapping (List Separately In Addition To Code For Primary Procedure)	Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$254.37 \$265.11 \$286.92	
93594 93595 93596 93597 93598 93600 93602 93603 93609 93610 93612 93613 93615	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) Intraventricular Pacing Intraventricular Pacing Intraventricular Electrophysiologic 3-Dimensional Mapping (List Separately In Addition To Code For Primary Procedure) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S)	Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$254.37 \$265.11 \$286.92 \$62.96	
93594 93595 93596 93597 93598 93600 93602 93603 93609 93610 93612 93613 93615 93616	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular Racording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) Intra-Atrial Pacing Intraventricular Pacing Intraventricular Pacing Intraventricular Pacing Intraventricular Pacing Intraventricular Pacing Of Atrial Electrogram With Or Without Ventricular Electrogram(S) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S)	Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$254.37 \$265.11 \$286.92 \$62.96 \$120.71	
93594 93595 93596 93597 93598 93600 93602 93603 93609 93610 93612 93613 93615 93618	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) Intra-Atrial Pacing Intraventricular Pacing Intraventricular Pacing Intraventricular Pacing Intraventricular Electrophysiologic 3-Dimensional Mapping (List Separately In Addition To Code For Primary Procedure) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) With Pacing Induction Of Arrhythmia By Electrical Pacing Comprehensive Electrophysiologic Evaluation With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bundle	Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$225.437 \$265.11 \$286.92 \$62.96 \$120.71 \$522.39	
93594 93595 93596 93597 93598 93600 93602 93603 93609 93610 93612 93613 93615 93616 93618	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) Intraventricular Pacing Intraventricular Pacing Intraventricular Pacing Intraventricular Electrophysiologic 3-Dimensional Mapping (List Separately In Addition To Code For Primary Procedure) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) With Pacing Induction Of Arrhythmia By Electrical Pacing Comprehensive Electrophysiologic Evaluation With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bundle Recording, Including Insertion And Repositioning Of Multiple Electrode Catheters, Without Induction Or Attempted Induc	Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$254.37 \$265.11 \$286.92 \$62.96 \$1120.71 \$522.39	
93594 93595 93596 93597 93598 93600 93602 93603 93610 93612 93613 93615 93616 93618 93619 93620	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) Intraventricular Pacing Intraventricular Pacing Intraventricular Pacing Intraventricular Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) With Pacing Induction Of Arrhythmia By Electrical Pacing Comprehensive Electrophysiologic Evaluation With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bundle Recording, Including Insertion And Repositioning Of Multiple Electrode Catheters, Without Induction Or Attempted Induc Insertion Of Catheters For Recording, And Attempted Induction Of Abnormal Rhythm In Right Upper And Lower Heart	Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$254.37 \$265.11 \$228.92 \$62.96 \$120.71 \$522.39	
93594 93595 93596 93597 93598 93600 93602 93603 93610 93612 93613 93615 93618 93618	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) Intra-Atrial Pacing Intraventricular Pacing Intraventricular Pacing Intracardiac Electrophysiologic 3-Dimensional Mapping (List Separately In Addition To Code For Primary Procedure) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) With Pacing Induction Of Arrhythmia By Electrical Pacing Comprehensive Electrophysiologic Evaluation With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bundle Recording, Including Insertion And Repositioning Of Multiple Electrode Catheters, Without Induction Or Attempted Induc Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Rhythm In Right Upper And Lower Heart Insertion Of	Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$225.87 \$265.11 \$286.92 \$62.96 \$1120.71 \$522.39	
93594 93595 93596 93597 93598 93600 93602 93603 93610 93612 93613 93615 93616 93618 93619 93620	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) Right Ventricular Recording Intraventricular Recording Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) Intraventricular Pacing Intraventricular Pacing Intraventricular Pacing Intraventricular Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) With Pacing Induction Of Arrhythmia By Electrical Pacing Comprehensive Electrophysiologic Evaluation With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bundle Recording, Including Insertion And Repositioning Of Multiple Electrode Catheters, Without Induction Or Attempted Induc Insertion Of Catheters For Recording, And Attempted Induction Of Abnormal Rhythm In Right Upper And Lower Heart	Price By Report Price By Report Price By Report Price By Report Price By Report \$265.58 \$190.08 \$225.87 \$638.43 \$254.37 \$265.11 \$228.92 \$62.96 \$120.71 \$522.39	

Code	Description	Fee	Prior Auth Status
	Intra-Operative Epicardial And Endocardial Pacing And Mapping To Localize The Site Of Tachycardia Or Zone Of Slow Conduction For		
93631	Surgical Correction	\$751.35	
	Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads Including Defibrillation Threshold Evaluation	ψ.σσ	
00040	Lectrophysiologic Evaluation of Single or Data challenger acting Cardioverier Delibritation Leads including Delibritation of Timeshold Evaluation (Induction of Arrhythmia, Evaluation of Sensing And Pacing For Arrhythmia Termination) At Time of Init	CCC 40	
93640		\$660.48	
	Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads Including Defibrillation Threshold Evaluation		
93641	(Induction Of Arrhythmia, Evaluation Of Sensing And Pacing For Arrhythmia Termination) At Time Of Init	\$754.88	
93642	Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming	\$303.12	
93644	Evaluation Implantable Defibrillator	\$184.71	
	Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For Creation Of Complete Heart Block, With Or		
93650	Without Temporary Pacemaker Placement	\$573.35	
	Evaluation And Insertion Of Catheters For Creation Of Complete Heart Block	\$808.97	
93653			
93654	Evaluation And Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Heart Rhythm	\$1,081.95	
	Intracardiac Catheter Ablation Of A Discrete Mechanism Of Arrhythmia Which Is Distinct From The Primary Ablated Mechanism, Including		
93655	Repeat Diagnostic Maneuvers, To Treat A Spontaneous Or Induced Arrhythmia (List Separately In Addition To Code For Primary	\$302.11	
93656	Evaluation And Insertion Of Catheters For Recording, Pacing, And Treatment Of Abnormal Heart Rhythm	\$1,085.34	
50000	Additional Linear Or Focal Intracardiac Catheter Ablation Of The Left Or Right Atrium For Treatment Of Atrial Fibrillation Remaining After	ψ1,000.0+	
00057		0004.75	
93657	Completion Of Pulmonary Vein Isolation (List Separately In Addition To Code For Primary Procedure)	\$301.75	
	Evaluation Of Cardiovascular Function With Tilt Table Evaluation, With Continuous Ecg Monitoring And Intermittent Blood Pressure Monitoring,		
93660	With Or Without Pharmacological Intervention	\$167.81	
	Intracardiac Echocardiography During Therapeutic/Diagnostic Intervention, Including Imaging Supervision And Interpretation (List Separately In		
93662	Addition To Code For Primary Procedure)	\$153.46	
93668	Peripheral Arterial Disease (Pad) Rehabilitation Per Session	\$13.19	
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93701	Bioimpedance-Derived Physiologic Cardiovascular Analysis	\$26.28	
Ī	Electronic Analysis Of Antitachycardia Pacemaker System (Includes Electrocardiographic Recording, Programming Of Device, Induction And		
93724	Termination Of Tachycardia Via Implanted Pacemaker, And Interpretation Of Recordings)	\$300.35	
93740	Temperature Gradient Studies	\$0.01	
	Initial Set-Up And Programming By A Physician Or Other Qualified Health Care Professional Of Wearable Cardioverter-Defibrillator Includes	\$5.01	
02745		Drice Dy Desert	
93745	Initial Programming Of System, Establishing Baseline Electronic Ecg, Transmission Of Data To Data Repository, Pat	Price By Report	
Ī	Interrogation Of Ventricular Assist Device (Vad), In Person, With Physician Or Other Qualified Health Care Professional Analysis Of Device		
93750	Parameters (Eg, Drivelines, Alarms, Power Surges), Review Of Device Function (Eg, Flow And Volume Status, Septum Status	\$51.17	
93770	Determination Of Venous Pressure	\$0.01	
93784	Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, With Recording, Scanning Analysis, Interpretation, And Report	\$48.34	
	Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, With Recording Only	\$24.11	
93786			
93788	Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, With Scanning Analysis And Report	\$5.21	
93790	Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, Review With Interpretation And Report	\$19.03	
	Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; Without Continuous Ecg Monitoring (Per		
93797	Session)	\$15.60	
00.0.	Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; With Continuous Ecg Monitoring (Per	ψ10.00	
00700		004.40	
93798	Session)	\$24.43	
93799	Unlisted Cardiovascular Service Or Procedure	Price By Report	
93880	Duplex Scan Of Extracranial Arteries; Complete Bilateral Study	\$206.92	
93882	Duplex Scan Of Extracranial Arteries; Unilateral Or Limited Study	\$134.62	
93886	Transcranial Doppler Study Of The Intracranial Arteries; Complete Study	\$192.60	
93888	Transcranial Doppler Study Of The Intracranial Arteries; Limited Study	\$171.77	
93890	Transcranial Doppler Study Of The Intracranial Arteries; Vasoreactivity Study	\$268.09	
93892	Transcranial Doppler Study Of The Intracranial Arteries; Emboli Detection Without Intravenous Microbubble Injection	\$169.06	
93893	Transcranial Doppler Study Of The Intracranial Arteries; Emboli Detection With Intravenous Microbubble Injection	\$169.47	
	Ultrasound Study Of Arteries Of Both Arms And Legs, Limited		
93922		\$87.84	
93923	Ultrasound Study Of Arteries Of Both Arms And Legs, Complete	\$137.39	
	Noninvasive Physiologic Studies Of Lower Extremity Arteries, At Rest And Following Treadmill Stress Testing, (Ie, Bidirectional Doppler		
93924	Waveform Or Volume Plethysmography Recording And Analysis At Rest With Ankle/Brachial Indices Immediately After An	\$119.53	
93925	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	\$173.10	
93926	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study	Ψ110110	
		\$140.72	
93930		\$149.72	
	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	\$163.46	
93931	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study		
		\$163.46	
93931 93970	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study	\$163.46 \$134.24 \$177.72	
93931 93970 93971	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study	\$163.46 \$134.24 \$177.72 \$129.02	
93931 93970 93971 93975	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34	
93931 93970 93971 93975 93976	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20	
93931 93970 93971 93975	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34	
93931 93970 93971 93975 93976 93978	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71	
93931 93970 93971 93975 93976 93978 93979	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61	
93931 93970 93971 93975 93976 93978 93979 93980	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10	
93931 93970 93971 93975 93976 93978 93979 93980 93981	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10	
93931 93970 93971 93975 93976 93978 93979 93980	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Ultrasound Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10	
93931 93970 93971 93975 93976 93978 93979 93980 93981	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10	
93931 93970 93971 93975 93976 93978 93979 93980 93981 93985 93986	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Ultrasound Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10 \$67.05 \$280.69 \$141.37	
93931 93970 93971 93975 93976 93978 93979 93980 93981 93985 93986 93990	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Blood Flow In Extremity On One Side For Preoperative Assessment Of Blood Vessel For Dialysis Access Duplex Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow)	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10 \$67.05 \$280.69 \$141.37 \$118.55	
93931 93970 93971 93975 93976 93978 93979 93980 93981 93985 93986 93990 93998	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Blood Flow In Extremity On One Side For Preoperative Assessment Of Blood Vessel For Dialysis Access Duplex Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow) Unlisted Noninvasive Vascular Diagnostic Study	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10 \$67.05 \$280.69 \$141.37 \$118.55 Price By Report	
93931 93970 93971 93975 93976 93978 93979 93980 93981 93985 93990 93998 94002	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Blood Flow In Extremity On One Side For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow) Unlisted Noninvasive Vascular Diagnostic Study Ventilation Assistance And Management, Hospital Inpatient Or Observation, Initial Day	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10 \$67.05 \$280.69 \$141.37 \$118.55 Price By Report	
93931 93970 93971 93975 93976 93978 93979 93980 93981 93985 93986 93990 93998	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Ultrasound Scan Of Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Blood Flow In Extremity On One Side For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow) Unlisted Noninvasive Vascular Diagnostic Study Ventilation Assistance And Management, Hospital Inpatient Or Observation, Each Subsequent Day	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10 \$67.05 \$280.69 \$141.37 \$118.55 Price By Report	
93931 93970 93971 93975 93976 93978 93979 93980 93981 93985 93990 93998 94002	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Blood Flow In Extremity On One Side For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow) Unlisted Noninvasive Vascular Diagnostic Study Ventilation Assistance And Management, Hospital Inpatient Or Observation, Initial Day	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10 \$67.05 \$280.69 \$141.37 \$118.55 Price By Report	
93931 93970 93971 93975 93976 93978 93980 93981 93985 93986 93990 93998 94002 94003	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Blood Flow In Extremity On One Side For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow) Unlisted Noninvasive Vascular Diagnostic Study Ventilation Assistance And Management, Hospital Inpatient Or Observation, Each Subsequent Day Evaluation Of Home Ventilator Management Care Plan, 30 Minutes Or More	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10 \$67.05 \$280.69 \$141.37 \$118.55 Price By Report \$94.20 \$66.43	
93931 93970 93971 93975 93976 93978 93979 93980 93981 93986 93990 93998 94002 94003	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Blood Flow In Extremity On Den Side For Preoperative Assessment Of Blood Vessel For Dialysis Access Ultrasound Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow) Unlisted Noninvasive Vascular Diagnostic Study Ventilation Assistance And Management, Hospital Inpatient Or Observation, Initial Day Ventilation Assistance And Management, Hospital Inpatient Or Observation, Each Subsequent Day Evaluation Of Home Ventilator Management Care Plan, 30 Minutes Or More Spirometry, Including Graphic Record, Total And Timed Vital Capacity, Expiratory Flow Rate Measurement(S), With Or Without Maximal	\$163.46 \$134.24 \$177.72 \$129.02 \$232.34 \$83.20 \$194.71 \$126.61 \$111.10 \$67.05 \$280.69 \$141.37 \$118.55 Price By Report \$94.20 \$66.43 \$80.71	
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Code	Description	Fee	Prior Auth Status
94375	Respiratory Diagnostic Testing (Flow Volume Loop)	\$37.16	
94450	Breathing Response To Hypoxia (Hypoxia Response Curve)	\$73.94	
94452	High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional;	\$47.00	
	High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional; With	\$ 11.100	
94453	Supplemental Oxygen Titration	\$63.79	
94610	Intrapulmonary Surfactant Administration By A Physician Or Other Qualified Health Care Professional Through Endotracheal Tube	\$56.73	
94617	Exercise Test For Spasm Of Lung Airways With Ekg	\$93.77	
94618	Test For Exercise-Induced Lung Stress	\$35.86	
94619	Exercise Test For Spasm Of Lung Airways	\$68.76	
94621	Test For Exercise-Induced Heart And Lung Stress	\$172.54	
	Professional Services For Outpatient Pulmonary Rehabilitation, Per Session		
94625	, , , ,	\$51.98	
94626	Professional Services For Outpatient Pulmonary Rehabilitation With Continuous Monitoring Of Blood Oxygen, Per Session	\$69.37	
94640	Respiratory Inhaled Pressure Or Nonpressure Treatment To Relieve Airway Obstruction Or For Sputum Specimen	\$11.75	
94642	Aerosol Inhalation Of Pentamidine For Pneumocystis Carinii Pneumonia Treatment Or Prophylaxis	\$25.81	
94644	Respiratory Inhaled Aerosol Treatment To Relieve Airway Obstruction, First Hour	\$59.30	
94645	Continuous Inhalation Treatment With Aerosol Medication For Acute Airway Obstruction; Each Additional Hour	\$15.16	
94660	Continuous Positive Airway Pressure Ventilation (Cpap), Initiation And Management	\$59.99	
94662	Continuous Negative Pressure Ventilation (Cnp), Initiation And Management	\$32.84	
94664	Demonstration And/Or Evaluation Of Patient Use Of Aerosol Generator, Nebulizer, Metered Dose Inhaler Or Intermittent Positive Pressure Breathing (Ippb) Device	\$15.62	
94667	Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function Initial Demonstration And/Or Evaluation	\$21.08	
	Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function Mula Bernard and Control Paradian Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function Subsequent		
94668		\$33.59	
94669	Mechanical Chest Wall Manipulation For Improvement In Lung Function	\$17.56	
94680	Oxygen Uptake, Expired Gas Analysis Rest And Exercise, Direct, Simple	\$42.12	
94681	Oxygen Uptake, Expired Gas Analysis Including Co2 Output, Percentage Oxygen Extracted	\$51.48	
94690	Oxygen Uptake, Expired Gas Analysis Rest, Indirect (Separate Procedure)	\$30.38	
94726	Plethysmography For Determination Of Lung Volumes And, When Performed, Airway Resistance	\$57.79	
94727	Gas Dilution Or Washout For Determination Of Lung Volumes And, When Performed, Distribution Of Ventilation And Closing Volumes	\$46.40	
94728	Measurement Of Airway Resistance By Impulse Oscillometry	\$37.84	
94729	Diffusing Capacity (Eg, Carbon Monoxide, Membrane) (List Separately In Addition To Code For Primary Procedure)	\$62.39	
94760	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation Single Determination	\$2.42	
94761	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation Multiple Determinations (Eg, During Exercise)	\$3.39	
94762	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation By Continuous Overnight Monitoring (Separate Procedure)	\$28.11	
94772	Measurement And Recording Of Breathing Pattern Over 12-24 Hours, Infant	\$74.35	
94774	Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, 30-Day Time Period, With Physician Interpretation And Report	Price By Report	
94775	Attachment And Disconnection Of Pediatric Home Monitoring Device For Detection Of Breathing Pauses During Sleep, 30-Day Time Period Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, Receipt Of Transmissions And Computer	Price By Report	
94776	Analysis, 30-Day Time Period Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, Physician Review And Interpretation, 30-	Price By Report	
04777	Day Time Period	\$29.99	
194///			
94777	·		
94780	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes	\$48.86	
94780 94799	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure	\$48.86 Price By Report	
94780 94799 95004	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin	\$48.86 Price By Report \$4.13	
94780 94799 95004 95012	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation	\$48.86 Price By Report \$4.13 \$20.02	
94780 94799 95004 95012 95017	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report	\$48.86 Price By Report \$4.13 \$20.02 \$9.21	
94780 94799 95004 95012	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report	\$48.86 Price By Report \$4.13 \$20.02	
94780 94799 95004 95012 95017	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify	\$48.86 Price By Report \$4.13 \$20.02 \$9.21	
94780 94799 95004 95012 95017	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report	\$48.86 Price By Report \$4.13 \$20.02 \$9.21	
94780 94799 95004 95012 95017 95018	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92	
94780 94799 95004 95012 95017 95018	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92	
94780 94799 95004 95012 95017 95018 95024	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27	
94780 94799 95004 95012 95017 95018 95024 95027 95028	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96	
94780 94799 95004 95012 95017 95018 95024 95027 95028 95044	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Patch Or Application Test(S) (Specify Number Of Tests)	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96 \$5.21	
94780 94799 95004 95012 95017 95018 95024 95027 95028 95044 95052	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Patch Or Application Test(S) (Specify Number Of Tests) Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96 \$5.21 \$6.01	
94780 94799 95004 95012 95017 95018 95024 95027 95028 95044 95052 95056	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Patch Or Application Test(S) (Specify Number Of Tests) Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96 \$5.21 \$6.01	
94780 94799 95004 95012 95017 95018 95024 95027 95028 95044 95052 95056 95060	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Patch Or Application Test(S) (Specify Number Of Tests) Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis Photo Tests Ophthalmic Mucous Membrane Tests	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96 \$5.21 \$6.01 \$47.21	
94780 94799 95004 95012 95017 95018 95024 95027 95028 95044 95052 95056 95060	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Patch Or Application Test(S) (Specify Number Of Tests) Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis Photo Tests Direct Nasal Mucous Membrane Tests Direct Nasal Mucous Membrane Test	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96 \$5.21 \$6.01 \$47.21 \$35.11 \$25.95	
94780 94799 95004 95012 95017 95018 95024 95027 95028 95044 95052 95060 95060 95065	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Patch Or Application Test(S) (Specify Number Of Tests) Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis Photo Tests Direct Nasal Mucous Membrane Tests Direct Nasal Mucous Membrane Test Inhalation Of Medications With Allergic Reaction Analysis	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96 \$5.21 \$6.01 \$47.21 \$35.11 \$25.95 \$37.67	
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94780 94799 95004 95012 95017 95018 95024 95027 95028 95044 95052 95066 95065 95076	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Patch Or Application Test(S) (Specify Number Of Tests) Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis Photo Tests Ophthalmic Mucous Membrane Tests Direct Nasal Mucous Membrane Tests Direct Nasal Mucous Membrane Tests Indeation Of Medications With Allergies, 120 Minutes Ingestion Of Test Items For Allergies, 120 Minutes Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, Eg, Food, Drug Or Other Substance); Each Additional 60	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96 \$5.21 \$6.01 \$47.21 \$35.11 \$25.95 \$37.67	
94780 94799 95004 95017 95018 95024 95027 95028 95044 95052 95056 95066 95070 95076	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unlisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Patch Or Application Test(S) (Specify Number Of Tests) Patch Or Application Test(S) (Specify Number Of Tests) Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis Photo Tests Direct Nasal Mucous Membrane Test Inhalation Of Medications With Allergic Reaction Analysis Ingestion Of Test Items For Allergies, 120 Minutes Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, Eg, Food, Drug Or Other Substance); Each Additional 60 Minutes Of Testing (List Separately In Addition To Code For Primary Procedure)	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96 \$5.21 \$6.01 \$47.21 \$35.11 \$25.95 \$37.67 \$125.88	
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94780 94799 94799 95012 95017 95018 95022 95027 95028 95044 95052 95056 95060 95065 95070 95115 95117 95144 95145 95146 95149 95165 95170 95180	Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes Unilisted Pulmonary Service Or Procedure Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin Nitric Oxideexpired Gas Determanation Allergy Testing With Drugs Or Biologicals Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests Patch Or Application Test(S) (Specify Number Of Tests) Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis Direct Nasai Mucous Membrane Test Direct Nasai Mucous Membrane Test Direct Nasai Mucous Membrane Test Inhalation Of Medications With Allergic Reaction Analysis Ingestion Of Test Items For Allergies, 120 Minutes Ingestion Of Interemental Desages Of Allergen, 20 More Injections Professional Services For Allergen Immunotherapy Not Including Provision Of Allergenic Extracts Single Injection Injection Of Incremental Dosages Of Allergen, 20 More Injections Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy, Single Dose Vial(S) (Specify Number Of Vials) Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy, (Specify Number Of Doses); Three Single Stinging Insect Venoms Professional Services For The Su	\$48.86 Price By Report \$4.13 \$20.02 \$9.21 \$21.92 \$7.27 \$4.68 \$8.96 \$5.21 \$6.01 \$47.21 \$35.11 \$25.95 \$37.67 \$125.88 \$88.57 \$9.93 \$12.12 \$16.14 \$33.14 \$44.69 \$58.65 \$87.10 \$104.72 \$12.03	
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Code	Description	Fee	Prior Auth Status
95705	Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, Unmonitored	\$222.24	
95706	Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Intermittent Monitoring And Maintenance	\$361.43	
95707	Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Continuous, Real-Time Monitoring And Maintenance	\$377.95	
95708	Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, Unmonitored	\$277.88	
95709	Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Intermittent Monitoring And Maintenance	\$694.92	
95710	Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Continuous, Real-Time Monitoring And Maintenance	\$882.22	
95711	Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours, Unmonitored	\$222.24	
95712	Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours With Intermittent Monitoring And Maintenance	\$417.06	
95713	Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours With Continuous, Real-Time Monitoring And Maintenance	\$504.05	
95714	Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, Unmonitored	\$277.88	
95715	Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Intermittent Monitoring And Maintenance	\$778.00	
95716	Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Continuous, Real-Time Monitoring And Maintenance	\$1,071.02	
95717	Continuous Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Health Care Professional Analysis, Interpretation And Report	\$106.26	
93717	Continuous Measurement of Brain Wave Activity With Video (Veeg), 2-12 Hours, With Health Care Professional Analysis, interpretation And	\$100.20	
95718	Report	\$139.47	
95719	Continuous Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Health Care Professional Analysis, Interpretation And Report	\$163.95	
05700	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Health Care Professional Analysis, Interpretation And	0045.00	
95720	Report	\$215.82	
95721	Continuous Measurement Of Brain Wave Activity (Eeg), 37-60 Hours, With Health Care Professional Analysis, Interpretation And Report	\$217.73	
l	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 37-60 Hours, With Health Care Professional Analysis, Interpretation And		
95722	Report	\$263.96	
95723	Continuous Measurement Of Brain Wave Activity (Eeg), 61-84 Hours, With Health Care Professional Analysis, Interpretation And Report	\$238.02	
	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 61-84 Hours, With Health Care Professional Analysis, Interpretation And		
95724	Report	\$337.24	
	Continuous Measurement Of Brain Wave Activity With (Eeg), More Than 84 Hours, With Health Care Professional Analysis, Interpretation And		
95725	Report	\$273.59	
	Continuous Measurement Of Brain Wave Activity With Video (Veeg), More Than 84 Hours, With Health Care Professional Analysis,	, 2.30	
95726	Interpretation And Report	\$426.13	
95782	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	\$1,008.38	
33702	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous	ψ1,000.30	
05792	Polysomnography; Younger Than 6 Years, Steep Staging With 4 Or More Adoltional Parameters of Steep, With Initiation of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation, Attended By A Technologist	¢1 069 00	
95783	· · · · · ·	\$1,068.09	
0500-	Multiple Sleep Latency Or Maintenance Of Wakefulness Testing, Recording, Analysis And Interpretation Of Physiological Measurements Of	*	
95805	Sleep During Multiple Trials To Assess Sleepiness	\$333.85	
95806	Unattended Sleep Study With Recording Of Heart Rate, Oxygen, Respiratory Airflow And Effort	\$96.68	
	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, Ecg Or Heart Rate, And Oxygen Saturation, Attended By A		
95807	Technologist	\$311.43	
95808	Polysomnography; Any Age, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist	\$644.00	
95810	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	\$648.22	
	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive		
95811	Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist	\$676.69	
95812	Measurement Of Brain Wave (Eeg) Activity, 41-60 Minutes	\$284.55	
95813	Measurement Of Brain Wave Activity (Eeg) Extended Monitoring, 61-119 Minutes	\$342.17	
95816	Measurement And Recording Of Brain Wave (Eeg) Activity, Awake And Drowsy	\$270.54	
95819	Measurement And Recording Of Brain Wave (Eeg) Activity, Awake And Asleep	\$317.64	
	Measurement And Recording Of Brain Wave (Eeg) Activity, In Coma Or Asleep		
95822		\$295.01	
95824	Measurement And Recording Of Brain Wave (Eeg) Activity, Cerebral Death Evaluation	\$65.99	
95829	Electrocorticogram At Surgery (Separate Procedure)	\$1,761.28	
95830	Insertion By Physician Or Other Qualified Health Care Professional Of Sphenoidal Electrodes For Electroencephalographic (Eeg) Recording	\$699.56	
95836	Recording Of Brain Cortex Electrical Responses To Implanted Stimulation Device With Interpretation And Report	\$98.30	
95851	Range Of Motion Testing Of Arm, Leg Or Each Spine Section	\$19.73	
95852	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side	\$16.46	
95857	Cholinesterase Inhibitor Challenge Test For Myasthenia Gravis	\$60.30	
95860	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm Or Leg, 1 Extremity	\$105.25	
95861	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 2 Extremities	\$144.54	
95863	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 3 Extremities	\$207.39	
95864	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 4 Extremities	\$231.48	
95865	Needle Electromyography; Larynx	\$147.42	
95866	Needle Electromyography; Hemidiaphragm	\$114.32	
95867	Needle Electromyography; Fremidlaphilagrii Needle Electromyography; Cranial Nerve Supplied Muscle(S), Unilateral	\$104.57	
95868	Needle Electromyography, Cranial Nerve Supplied Muscles, Bilateral	\$104.57 \$131.63	
95869	Needle Electromyography; Thoracic Paraspinal Muscles (Excluding T1 Or T12)	\$96.48	
95870	Needle Measurement And Recording Of Electrical Activity Of Muscles In Arm Or Leg Or Muscles In Trunk Or Head, Limited Study	\$61.16	
l	Needle Electromyography Using Single Fiber Electrode, With Quantitative Measurement Of Jitter, Blocking And/Or Fiber Density, Any/All Sites	_	
95872	Of Each Muscle Studied	\$202.60	
95873	Electrical Stimulation For Guidance In Conjunction With Chemodenervation (List Separately In Addition To Code For Primary Procedure)	\$54.51	
95874	Needle Electromyography For Guidance In Conjunction With Chemodenervation (List Separately In Addition To Code For Primary Procedure)	\$57.16	
95875	Ischemic Limb Exercise Test With Serial Specimen(S) Acquisition For Muscle(S) Metabolite(S)	\$132.47	
	Needle Electromyography, Each Extremity, With Related Paraspinal Areas, When Performed, Done With Nerve Conduction, Amplitude And		
95885	Latency/Velocity Study; Limited (List Separately In Addition To Code For Primary Procedure)	\$69.53	
Ī	Needle Electromyography, Each Extremity, With Related Paraspinal Areas, When Performed, Done With Nerve Conduction, Amplitude And		
95886	Latency/Velocity Study; Complete, Five Or More Muscles Studied, Innervated By Three Or More Nerves Or Four Or More Spinal Levels (\$105.48	
T	Needle Electromyography, Non-Extremity (Cranial Nerve Supplied Or Axial) Muscle(S) Done With Nerve Conduction, Amplitude And	,	
95887	Latency/Velocity Study (List Separately In Addition To Code For Primary Procedure)	\$89.11	
95905	Needle Measurement And Recording Of Movement And/Or Feeling Of Arm Or Leg With Interpretation And Report	\$36.86	
95907	Nerve Transmission Studies, 1-2 Studies	\$97.65	
	Nerve Transmission Studies, 3-4 Studies	\$121.76	
95908		\$145.99	
95909	Nerve Transmission Studies, 5-6 Studies		
	Nerve Transmission Studies, 5-6 Studies Nerve Transmission Studies, 7-8 Studies	\$190.94	
95909			
95909 95910 95911	Nerve Transmission Studies, 7-8 Studies Nerve Transmission Studies, 9-10 Studies	\$190.94 \$229.94	
95909 95910 95911 95912	Nerve Transmission Studies, 7-8 Studies Nerve Transmission Studies, 9-10 Studies Nerve Transmission Studies, 11-12 Studies	\$190.94 \$229.94 \$267.62	
95909 95910 95911 95912 95913	Nerve Transmission Studies, 7-8 Studies Nerve Transmission Studies, 9-10 Studies Nerve Transmission Studies, 11-12 Studies Nerve Transmission Studies, 13 Or More Studies	\$190.94 \$229.94 \$267.62 \$309.42	
95909 95910 95911 95912 95913 95919	Nerve Transmission Studies, 7-8 Studies Nerve Transmission Studies, 9-10 Studies Nerve Transmission Studies, 11-12 Studies Nerve Transmission Studies, 13 Or More Studies Measurement Of Pupil With Healthcare Professional Interpretation And Report	\$190.94 \$229.94 \$267.62 \$309.42 \$13.64	
95909 95910 95911 95912 95913	Nerve Transmission Studies, 7-8 Studies Nerve Transmission Studies, 9-10 Studies Nerve Transmission Studies, 11-12 Studies Nerve Transmission Studies, 11-12 Studies Nerve Transmission Studies, 13 Or More Studies Measurement Of Pupil With Healthcare Professional Interpretation And Report Testing Of Autonomic For Heart Rate Response To Deep Breathing	\$190.94 \$229.94 \$267.62 \$309.42	
95909 95910 95911 95912 95913 95919	Nerve Transmission Studies, 7-8 Studies Nerve Transmission Studies, 9-10 Studies Nerve Transmission Studies, 11-12 Studies Nerve Transmission Studies, 13 Or More Studies Measurement Of Pupil With Healthcare Professional Interpretation And Report	\$190.94 \$229.94 \$267.62 \$309.42 \$13.64	

Code	Description	Fee	Prior Auth Status
	Testing Of Autonomic Nervous System Function; Sudomotor, Including One Or More Of The Following: Quantitative Sudomotor Axon Reflex		
95923	Test (Qsart), Silastic Sweat Imprint, Thermoregulatory Sweat Test, And Changes In Sympathetic Skin Potential	\$135.57	
95924	Testing Of Autonomic (Sympathetic) Nervous System Function, At Least 5 Minutes Of Tilt	\$159.45	
95925 95926	Nervous System; In Upper Limbs Nervous System; In Lower Limbs	\$177.83 \$154.06	
95927	Nervous System; In The Trunk Or Head	\$150.11	
95928	Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Upper Limbs	\$228.42	
95929	Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Lower Limbs	\$235.17	
95930	Measurement And Recording Of Nerve Conduction Patterns Using Visually-Evoked Stimulation	\$70.01	
95933 95937	Orbicularis Oculi (Blink) Reflex, By Electrodiagnostic Testing Neuromuscular Junction Testing (Repetitive Stimulation, Paired Stimuli), Each Nerve, Any One Method	\$81.67 \$75.72	
95957	Short-Latency Somatosensory Evoked Potential Study, Stimulation Of Any/All Peripheral Nerves Or Skin Sites, Recording From The Central	\$13.12	
95938	Nervous System; In Upper And Lower Limbs Insertion Of Needles And Skin Electrodes For Measurement And Recording Of Stimulated Sites In The Arms And Legs (Brain Motor	\$389.81	
95939	Stimulation)	\$588.37	
95940	Continuous Monitoring Of Nervous System During Operation, Each 15 Minutes	\$33.57	
95941	Continuous Monitoring Of Nervous System During Operation, Per Hour	Price By Report	
95954	Pharmacological Or Physical Activation Requiring Physician Or Other Qualified Health Care Professional Attendance During Eeg Recording Of Activation Phase (Eg, Thiopental Activation Test)	\$389.69	
95955	Electroencephalogram (Eeg) During Nonintracranial Surgery (Eg, Carotid Surgery)	\$174.39	
95957	Digital Analysis Of Electroencephalogram (Eeg) (Eg, For Epileptic Spike Analysis)	\$249.69	
95958	Wada Activation Test For Hemispheric Function, Including Electroencephalographic (Eeg) Monitoring	\$605.34	
	Mapping Of Electrical Brain Wave Activity (Eeg) Using Electrodes On Brain Surface To Provoke Seizure Activity Or Assess Brain Function,		
95961	First Hour Functional Cartiage And Subpartiage Managing By Stimulation And/Or Recording Of Electrodes On Brain Surface Or Of Donth Electrodes To	\$308.31	
95962	Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface, Or Of Depth Electrodes, To Provoke Seizures Or Identify Vital Brain Structures; Each Additional Hour Of Attendance By A Physician Or Other Qualified	\$252.91	
95965	Magnetoencephalography (Meg), Recording And Analysis; For Spontaneous Brain Magnetic Activity (Eg, Epileptic Cerebral Cortex Localization)	\$426.17	PA Required
95966	Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Single Method		PA Required
95967	Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Each Additional Method		PA Required
95970	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device	\$19.40	
95971	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Spinal Cord Or Peripheral Nerve Stimulator Programming	\$50.43	PA Required
	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Complex Spinal Cord Or Peripheral Nerve Stimulator		
95972 95976	Programming Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Cranial Nerve Stimulator Programming	\$57.82 \$41.34	
95977	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Complex Cranial Nerve Stimulator Programming	\$54.67	
	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave		
95980	Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric Neuros Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave	\$39.76	
95981	Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric Neuros Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave	\$35.89	
95982	Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric Neuros Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Brain Stimulator Programming, First 15 Minutes	\$54.22	
95983	Face-To-Face Time With Qualified Health Care Professional Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Brain Stimulator Programming, Additional 15 Minutes	\$52.13	
95984	Face-To-Face Time With Qualified Health Care Professional Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular),	\$37.79	
95990	Includes Electronic Analysis Of Pump, When Performed;	\$87.12	
95991	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular), Includes Electronic Analysis Of Pump, When Performed; Requiring Skill Of A Physician Or Other Qualified Health Care Profes	\$104.69	
95992	Repositioning Maneuvers For Treatment Of Vertigo, Per Day	\$45.56	
95999	Unlisted Neurological Or Neuromuscular Diagnostic Procedure Three Dimensional Video Tapad, Computer Resed Gait Analysis	Price By Report	
96000 96001	Three-Dimensional, Video-Taped, Computer-Based Gait Analysis Three-Dimensional, Video-Taped, Computer-Based Gait Analysis During Walking	\$80.17 \$103.64	
96002	Dynamic Surface Electromyography, During Walking Or Other Functional Activities, 1-12 Muscles	\$20.08	
	Dynamic Fine Wire Electromyography, During Walking Or Other Functional Activities, 1 Muscle	\$15.81	
96004	Review And Interpretation By Physician Or Other Qualified Health Care Professional Of Comprehensive Computer-Based Motion Analysis, Dynamic Plantar Pressure Measurements, Dynamic Surface Electromyography During Walking Or Other Functional Activities, And D	\$113.46	
96020	Neurofunctional Testing Selection And Administration During Noninvasive Imaging Functional Brain Mapping, With Test Administered Entirely By A Physician Or Other Qualified Health Care Professional (Ie, Psychologist), With Review Of Test Results And Report	\$172.40	
1	Accordance Of Anhania (Included Accordance) Of Everanding And Beautiful Consult And Lawrence Evering		
96105	Assessment Of Aphasia (Includes Assessment Of Expressive And Receptive Speech And Language Function, Language Comprehension, Speech Production Ability, Reading, Spelling, Writing, Eg, By Boston Diagnostic Aphasia Examination) With Interpretation And Report, P	\$92.38	
96110	Developmental Screening Developmental Test Administration By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes	\$6.24	
96112 96113	Developmental Test Administration By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes Developmental Test Administration By Qualified Health Care Professional With Interpretation And Report, Additional 30 Minutes	\$146.58 \$65.46	
96116	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes	\$112.22	
96121	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, Additional 60 Minutes	\$88.80	
96125	Standardized Thought Processing Testing, Interpretation, And Report Per Hour	\$105.93	
96127	Brief Emotional Or Behavioral Assessment	\$6.24	
96130 96131	Psychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes Psychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes	\$112.22 \$112.22	
96132	Neuropsychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes	\$112.22	
96133	Neuropsychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes	\$112.22	
96136	Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, First 30 Minutes	\$56.12	
96137	Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, Additional 30 Minutes	\$56.12	
96161	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment	\$11.71	
96360 96361	Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	\$36.23 \$13.57	
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour	\$13.57 \$72.00	
96366	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	\$22.59	
96367	Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure)	\$31.87	
96368	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion	\$20.97	
96369	Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S)	\$139.22	

Code	Description	Fee	Prior Auth Status
96370	Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin	\$14.51	
96371	Infusion For Therapy Or Prevention, Beneath The Skin	\$56.57	
96372	Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention	\$11.14	
96373	Injection Into Artery For Therapy, Diagnosis, Or Prevention	\$17.13	
96374	Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	\$41.67	
96375 96376	Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility	\$16.84 Price By Report	
96377	Injection of Drug of adulatince files A vent of interlapy, pragnosis, of Frevention, in A Facility Application of On-Body Injector For Injection Under Skin	\$20.01	
96377	Injection Or Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis	Price By Report	
96401	Chemotherapy Administration, Subcutaneous Or Intramuscular; Non-Hormonal Anti-Neoplastic	\$72.39	
96402	Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic	\$35.13	
96405	Chemotherapy Into A Lesion, Up To And Including 7 Lesions	\$59.57	
96406	Chemotherapy Into A Lesion, More Than 7 Lesions	\$94.11	
96409	Chemotherapy Administration; Intravenous, Push Technique, Single Or Initial Substance/Drug	\$111.47	
	Chemotherapy Administration; Intravenous, Push Technique, Each Additional Substance/ Drug (List Separately In Addition To Code For	******	
96411	Primary Procedure)	\$60.83	
96413	Chemotherapy Administration, Intravenous Infusion Technique; Up To 1 Hour, Single Or Initial Substance/Drug	\$145.03	
	Chemotherapy Administration, Intravenous Infusion Technique; Each Additional Hour, 1 To 8 Hours (List Separately In Addition To Code For		
96415	Primary Procedure)	\$30.78	
	Chemotherapy Administration, Intravenous Infusion Technique; Initiation Of Prolonged Chemotherapy Infusion (More Than 8 Hours), Requiring		
96416	Use Of A Portable Or Implantable Pump	\$142.36	
1	Chemotherapy Administration, Infravenous Infusion Technique; Each Additional Sequential Infusion (Different Substance/ Drug), Up To 1 Hour		
96417	(List Separately In Addition To Code For Primary Procedure)	\$70.63	
96420	Chemotherapy Administration, Intra-Arterial Push Technique Chemotherapy Administration, Intra-Arterial Push Technique Chemotherapy Administration, Intra-Arterial Infrarian Technique Lib To One Hour	\$102.94	
96422	Chemotherapy Administration, Intra-Arterial; Infusion Technique, Up To One Hour Chemotherapy Administration, Intra-Arterial; Infusion Technique, Each Additional Hour Up To 8 Hours (List Separately In Addition To Code For	\$157.12	
96423	Chemotherapy Administration, Intra-Arterial; Infusion Lechnique, Each Additional Hour Up 10 8 Hours (List Separately in Addition 10 Code For Primary Procedure)	\$72.51	
96425	Prolonged Chemotherapy Infusion Into Artery By Portable Or Implanted Pump, More Than 8 Hours	\$72.51 \$169.02	
96440	Chemotherapy Administration Into Pleural Cavity, Requiring And Including Thoracentesis	\$169.02 \$758.43	
96446	Chemotherapy Administration Into The Peritoneal Cavity Via Indwelling Port or Catheter	\$188.13	
96450	Chemotherapy Administration, Into Cns (Eg, Intrathecal), Requiring And Including Spinal Puncture	\$179.56	
96521	Refilling And Maintenance Of Portable Pump	\$132.49	
96522	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (Eg, Intravenous, Intra-Arterial)	\$116.47	
96523	Irrigation Of Implanted Venous Access Device For Drug Delivery Systems	\$26.32	
96542	Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents	\$127.03	
96549	Unlisted Chemotherapy Procedure	\$31.14	
96567	Application Of Light And Light-Sensitive Drugs To Aid Destruction Of Premalignant Skin Growths, Per Session	\$128.21	
	Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); First 30		
96570	Minutes (List Separately In Addition To Code For Endoscopy Or Bronchoscopy Procedures Of Lung And Gastrointestinal Tract)	\$47.46	
	Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); Each		
96571	Additional 15 Minutes (List Separately In Addition To Code For Endoscopy Or Bronchoscopy Procedures Of Lung And Gastrointestinal	\$23.68	D4 D : 1
96573	Application Of Light And Light-Sensitive Drugs To Aid Destruction Of Premalignant Skin Growths, Per Day Application Of Light And Light-Sensitive Drugs Following Removal Of Premalignant Thickened Skin Growth, Per Day		PA Required
96574 96900	Actinotherapy (Ultraviolet Light)	\$263.19 \$16.86	PA Required
30300	Microscopic Examination Of Hairs Plucked Or Clipped By The Examiner (Excluding Hair Collected By The Patient) To Determine Telogen And	φ10.00	
96902	Anagen Counts, Or Structural Hair Shaft Abnormality	\$0.01	
00002	Whole Body Integumentary Photography, For Monitoring Of High Risk Patients With Dysplastic Nevus Syndrome Or A History Of Dysplastic	Ψ0.0.	
96904	Nevi, Or Patients With A Personal Or Familial History Of Melonoma	\$69.12	
96910	Photochemotherapy Tar And Ultraviolet B (Goeckerman Treatment) Or Petrolatum And Ultraviolet B	\$83.62	
96912	Photochemotherapy Psoralens And Ultraviolet A (Puva)	\$97.89	
	Photochemotherapy (Goeckerman And/Or Puva) For Severe Photoresponsive Dermatoses Requiring At Least Four To Eight Hours Of Care		
96913	Under Direct Supervision Of The Physician (Includes Application Of Medication And Dressings)	\$146.74	
96920	Laser Treatment For Inflammatory Skin Disease (Psoriasis); Total Area Less Than 250 Sq Cm	\$177.42	
96921	Laser Treatment For Inflammatory Skin Disease (Psoriasis); 250 Sq Cm To 500 Sq Cm	\$188.60	
96922	Laser Treatment For Inflammatory Skin Disease (Psoriasis); Over 500 Sq Cm	\$225.04	
96931	Microscopy Of Lesion Of Skin With Interpretation And Report - First Lesion	\$166.05	
	Microscopy Of Lesion Of Skin - First Lesion	\$124.71	
96933	Interpretation And Report Of Microscopy Of Lesion Of Skin - First Lesion	\$41.34	
96934	Microscopy Of Lesion Of Skin With Interpretation And Report	\$115.56	
96935	Microscopy Of Lesion Of Skin	\$75.87	
96936	Interpretation And Report Of Microscopy Of Lesion Of Skin	\$39.70	
96999	Unlisted Special Dermatological Service Or Procedure	Price By Report	
97012	Physical Medicine Treatment To One Area Traction, Mechanical	\$10.86	
97014	Application Of Electrical Stimulation To 1 Or More Areas, Unattended By Physical Therapist	\$9.96	
97016	Physical Medicine Treatment To One Area; Vasopneumatic Devices Physical Medicine Treatment To One Area Pareffin Bath	\$9.96	
97018	Physical Medicine Treatment To One Area Paraffin Bath Physical Medicine Treatment To One Area Whirlpool	\$9.96	
97022	Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave)	\$13.13	
97024	Physical Medicine Treatment To One Area Infrared	\$9.96	
97026 97028	Physical Medicine Treatment To One Area Intrared Physical Medicine Treatment To One Area Ultraviolet	\$9.96 \$15.38	
97028	Application Of Electrical Stimulation To 1 Or More Areas, Each 15 Minutes	\$15.38 \$15.59	
97032	Application Of Electrical Stimulation 16 For More Areas, Each 15 Minutes Application Of Medication Through Skin Using Electrical Current, Each 15 Minutes	\$15.59 \$14.90	
97033	Therapeutic Hot And Cold Baths To 1 Or More Areas, Each 15 Minutes	\$14.90 \$17.24	
97034	Application Of Ultrasound To 1 Or More Areas, Each 15 Minutes	\$17.24 \$15.59	
97036	Application of our dissource of 1 of More Ariess, Ladar 13 millions. Physical Therapy Treatment To 1 Or More Ariess, Ladar 13 millions. By Million State 15 Minutes.	\$32.82	
97039	Unlisted Modality (Specify Type And Time If Constant Attendance)	\$22.83	
97110	Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes	\$21.97	
97112	Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes	\$25.49	
97113	Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes	\$27.76	
97116	Walking Training To 1 Or More Areas, Each 15 Minutes	\$21.97	
97139	Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify)	\$31.76	
97140	Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes	\$20.19	
97150	Therapeutic Procedure(S), Group (2 Or More Individuals)	\$14.91	
97161	Evaluation Of Physical Therapy, Typically 20 Minutes	\$73.71	
97162	Evaluation Of Physical Therapy, Typically 30 Minutes	\$73.71	
97163	Evaluation Of Physical Therapy, Typically 45 Minutes	\$73.71	

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Statistic Technology Assessment To Enhance Functional Performance, Each 15 Minuses \$38.20 **TOTTO Training In Use Of Ortholics (Spage) For Personal Person	97610	Low Frequency, Non-Contact, Non-Thermal Ultrasound Wound Assessment, And Instructions For Ongoing Care, Per Day	\$442.91	
International Discovers of Commission (Commission Commission Commi	97750	Physical Performance Test Or Measurement With Report, Each 15 Minutes	\$24.99	
19755 Management And/Or Training in Use Of Orthocal (Supports, Brases, Cri Spirital) For Arms, Legs, And/Or Trusk, Per 15 Minutes \$37.56 19760 Molecula Mutation Treatings, Assessment And Intervention, Each 15 Minutes \$37.56 19760 Molecula Nutrition Treatings, Assessment And Intervention, Each 15 Minutes \$37.56 19760 Molecula Nutrition Treatings, Assessment And Intervention, Each 15 Minutes \$37.66 19822 Osteopaths Management Complication of Notice Stellings (Each 20 Minutes) \$37.60 19822 Osteopaths Management Complication of Notice Stellings Involved \$45.50 19822 Osteopaths Management Complication (Critical Part of Sir Body Regions Involved \$45.50 19822 Osteopaths Management Complication (Critical Part of Sir Body Regions Involved \$45.50 19822 Osteopaths Management Complication (Critical Part of Sir Body Regions Involved \$45.50 19822 Osteopaths Management Complication (Critical Part of Sir Body Regions Involved \$45.50 19822 Osteopaths Management Complication (Critical Part of Sir Body Regions Involved \$45.50 19822 Osteopaths Management Complication (Critical Part of Sir Body Regions Involved \$45.50 19823 Osteopaths Management Complication (Critical Part of Sir Body Regions Involved \$45.50 19823 Osteopaths Management Complication (Critical Part of Sir Body Regions Involved \$45.50 19824 Osteopaths Management Complication (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (Critical Part of Sir Body Regions Involved (C	97755	Assistive Technology Assessment To Enhance Functional Performance, Each 15 Minutes	\$38.29	
197799 Unisided Physical Medicine Principal Confession Control Principal Confession Principal	97760	Training In Use Of Orthotics (Supports, Braces, Or Splints) For Arms, Legs And/Or Trunk, Per 15 Minutes	\$36.35	
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Assembly And Operation Of Heart-Lung Machine, 45 Minutes \$70.28	99175 99177 99183 99184	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate	\$27.58 Price By Report \$108.16 \$223.74	PA Required
Assembly And Operation Of Heart-Lung Machine, 30 Minutes \$51.90	99175 99177 99183 99184 99188	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application Of Topical Fluoride	\$27.58 Price By Report \$108.16 \$223.74 \$32.20	PA Required
Philabotomy, Therapeutic (Separate Procedure) \$87.28	99175 99177 99183 99184 99188 99190	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application Of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour	\$27.58 Price By Report \$108.16 \$223.74 \$32.20 \$123.88	PA Required
New Patient Outpatient Visit, Total Time 15-29 Minutes \$83.63 New Patient Outpatient Visit, Total Time 30-44 Minutes \$94.58 New Patient Outpatient Visit, Total Time 45-59 Minutes \$134.32 New Patient Outpatient Visit, Total Time 60-74 Minutes \$134.32 New Patient Outpatient Visit, Total Time 60-74 Minutes \$171.32 Stablished Patient Outpatient Visit, Total Time 60-74 Minutes \$20.48 Stablished Patient Outpatient Visit, Total Time 10-19 Minutes \$38.71 Stablished Patient Outpatient Visit, Total Time 20-29 Minutes \$38.71 Stablished Patient Outpatient Visit, Total Time 20-29 Minutes \$62.22 Stablished Patient Outpatient Visit, Total Time 20-29 Minutes \$88.06 Stablished Patient Outpatient Visit, Total Time 30-39 Minutes \$88.06 Stablished Patient Outpatient Visit, Total Time 30-39 Minutes \$88.06 Stablished Patient Outpatient Visit, Total Time 40-54 Minutes \$123.57 Stablished Patient Outpatient Visit, Total Time 40-54 Minutes \$123.57 Stablished Patient Outpatient Visit, Total Time 40-54 Minutes \$123.57 Stablished Patient Outpatient Visit, Total Time 40-54 Minutes \$123.57 Stablished Patient Outpatient Visit, Total Time 40-54 Minutes \$123.57 Stablished Patient Outpatient Visit, Total Time 40-54 Minutes \$123.57 Stablished Patient Outpatient Care, Typically 50 Minutes Per Day \$125.70 Stablished Patient Outpatient Care, Typically 50 Minutes Per Day \$125.70 Stablished Patient Outpatient Care, Typically 50 Minutes Per Day \$125.70 Stablished Patient Outpatient Care, Typically 50 Minutes Per Day \$133.96 Subsequent Hospital Inpatient Care, Typically 53 Minutes Per Day \$133.96 Hospital Observation Or Inpatient Care Moderate Severity, 50 Minutes Per Day \$133.96 Hospital Observation Or Inpatient Care Moderate Severity, 50 Minutes Per Day \$133.96 Hospital Observation Or Inpatient Care Moderate Severity, 50 Minutes Per Day \$167.99 Hospital Discharge Day Management, 30 Minutes Per Da	99175 99177 99183 99184 99188 99190 99191	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application Of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour Assembly And Operation Of Heart-Lung Machine, 45 Minutes	\$27.58 Price By Report \$108.16 \$223.74 \$32.20 \$123.88 \$70.28	PA Required
99203 New Patient Outpatient Visit, Total Time 30-44 Minutes \$94.58 99204 New Patient Outpatient Visit, Total Time 45-59 Minutes \$134.32 99205 New Patient Outpatient Visit, Total Time 60-74 Minutes \$171.32 99211 Established Patient Outpatient Visit, Minimal Presenting Problem \$20.48 99212 Established Patient Outpatient Visit, Total Time 10-19 Minutes \$38.71 99213 Established Patient Outpatient Visit, Total Time 20-29 Minutes \$62.22 99214 Established Patient Outpatient Visit, Total Time 30-39 Minutes \$88.05 99215 Established Patient Outpatient Visit, Total Time 40-54 Minutes \$88.05 99216 Established Patient Outpatient Visit, Total Time 40-54 Minutes \$88.05 99217 Initial Hospital Inpatient Care, Typically 30 Minutes Per Day \$87.41 99221 Initial Hospital Inpatient Care, Typically 30 Minutes Per Day \$121.57 992221 Initial Hospital Inpatient Care, Typically 50 Minutes Per Day \$157.06 992231 Subsequent Hospital Inpatient Care, Typically 55 Minutes Per Day \$39.04 992232 Subsequent Hospital Inpatient Care, Typically 35 Minutes Per Day \$62.75	99175 99177 99183 99184 99188 99190 99191 99192	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application Of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour Assembly And Operation Of Heart-Lung Machine, 45 Minutes Assembly And Operation Of Heart-Lung Machine, 30 Minutes	\$27.58 Price By Report \$108.16 \$223.74 \$32.20 \$123.88 \$70.28	PA Required
99204 New Patient Outpatient Visit, Total Time 45-59 Minutes \$134.32 99205 New Patient Outpatient Visit, Total Time 60-74 Minutes \$171.32 99211 Established Patient Outpatient Visit, Minimal Presenting Problem \$20.48 99212 Established Patient Outpatient Visit, Minimal Presenting Problem \$38.71 99213 Established Patient Outpatient Visit, Total Time 20-29 Minutes \$38.71 99214 Established Patient Outpatient Visit, Total Time 20-39 Minutes \$62.22 99215 Established Patient Outpatient Visit, Total Time 40-54 Minutes \$88.05 99215 Established Patient Outpatient Visit, Total Time 40-54 Minutes \$123.57 99215 Initial Hospital Inpatient Care, Typically 30 Minutes Per Day \$87.41 99221 Initial Hospital Inpatient Care, Typically 50 Minutes Per Day \$157.06 99223 Subsequent Hospital Inpatient Care, Typically 52 Minutes Per Day \$39.04 99223 Subsequent Hospital Inpatient Care, Typically 25 Minutes Per Day \$39.04 99223 Subsequent Hospital Inpatient Care, Typically 25 Minutes Per Day \$39.04 99224 Hospital Observation Or Inpatient Care Noderate Severity, 50 Minutes Per Day \$167.99	99175 99177 99183 99184 99188 99190 99191 99192 99195	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application Of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour Assembly And Operation Of Heart-Lung Machine, 45 Minutes Assembly And Operation Of Heart-Lung Machine, 30 Minutes Phlebotomy, Therapeutic (Separate Procedure)	\$27.58 Price By Report \$108.16 \$223.74 \$32.20 \$123.88 \$70.28 \$51.90	PA Required
99205 New Patient Outpatient Visit, Total Time 60-74 Minutes \$171.32 99211 Established Patient Outpatient Visit, Minimal Presenting Problem \$20.48 99212 Established Patient Outpatient Visit, Total Time 10-19 Minutes \$38.71 99213 Established Patient Outpatient Visit, Total Time 20-29 Minutes \$62.22 99214 Established Patient Outpatient Visit, Total Time 30-39 Minutes \$88.05 99215 Established Patient Outpatient Visit, Total Time 40-54 Minutes \$123.57 99221 Initial Hospital Inpatient Care, Typically 30 Minutes Per Day \$87.41 99222 Initial Hospital Inpatient Care, Typically 50 Minutes Per Day \$121.57 99221 Initial Hospital Inpatient Care, Typically 50 Minutes Per Day \$157.06 99222 Initial Hospital Inpatient Care, Typically 50 Minutes Per Day \$39.04 99223 Subsequent Hospital Inpatient Care, Typically 15 Minutes Per Day \$39.04 99223 Subsequent Hospital Inpatient Care, Typically 25 Minutes Per Day \$62.75 99223 Subsequent Hospital Inpatient Care of Typically 25 Minutes Per Day \$38.97 99223 Hospital Observation Or Inpatient Care of United Care of United Serverity, 50 Minutes Per Day	99175 99177 99183 99184 99188 99190 99191 99192 99195 99202	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application Of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour Assembly And Operation Of Heart-Lung Machine, 45 Minutes Assembly And Operation Of Heart-Lung Machine, 30 Minutes Philebotomy, Therapeutic (Separate Procedure) New Patient Outpatient Visit, Total Time 15-29 Minutes	\$27.58 Price By Report \$108.16 \$223.74 \$32.20 \$123.88 \$70.28 \$51.90 \$87.28	PA Required
Sex Sex	99175 99177 99183 99184 99188 99190 99191 99192 99195 99202 99203	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application Of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour Assembly And Operation Of Heart-Lung Machine, 45 Minutes Assembly And Operation Of Heart-Lung Machine, 30 Minutes Phlebotomy, Therapeutic (Separate Procedure) New Patient Outpatient Visit, Total Time 15-29 Minutes New Patient Outpatient Visit, Total Time 30-44 Minutes	\$27.58 Price By Report \$108.16 \$223.74 \$32.20 \$123.88 \$70.28 \$51.90 \$87.28	PA Required
Established Patient Outpatient Visit, Minimal Presenting Problem \$20.48 Setablished Patient Outpatient Visit, Total Time 10-19 Minutes \$38.71 Setablished Patient Outpatient Visit, Total Time 20-29 Minutes \$62.22 Setablished Patient Outpatient Visit, Total Time 20-29 Minutes \$62.22 Setablished Patient Outpatient Visit, Total Time 20-39 Minutes \$88.05 Setablished Patient Outpatient Visit, Total Time 30-39 Minutes \$88.05 Setablished Patient Outpatient Visit, Total Time 40-54 Minutes \$123.57 Setablished Patient Outpatient Care, Typically 30 Minutes Per Day \$87.41 Setablished Patient Care, Typically 50 Minutes Per Day \$121.57 Setablished Patient Care, Typically 50 Minutes Per Day \$157.06 Setablished Patient Care, Typically 50 Minutes Per Day \$157.06 Subsequent Hospital Inpatient Care, Typically 15 Minutes Per Day \$3.90.4 Subsequent Hospital Inpatient Care, Typically 25 Minutes Per Day \$82.75 Subsequent Hospital Inpatient Care, Typically 35 Minutes Per Day \$83.97 Subsequent Hospital Inpatient Care, Typically 35 Minutes Per Day \$83.97 Hospital Observation Or Inpatient Care Moderate Severity, 40 Minutes Per Day \$167.99 Setablished Patient Care, Typically 40 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$167.99 Setablished Patient Care, Typically 50 Minutes Per Day \$16	99175 99177 99183 99184 99188 99190 99191 99192 99195 99202 99203	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application Of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour Assembly And Operation Of Heart-Lung Machine, 45 Minutes Assembly And Operation Of Heart-Lung Machine, 30 Minutes Phlebotomy, Therapeutic (Separate Procedure) New Patient Outpatient Visit, Total Time 15-29 Minutes New Patient Outpatient Visit, Total Time 30-44 Minutes	\$27.58 Price By Report \$108.16 \$223.74 \$32.20 \$123.88 \$70.28 \$51.90 \$87.28	PA Required
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99254 Inpatient Hospital Consultation, Typically 80 Minutes \$169.07	99175 99175 99175 99177 99183 99184 99188 99190 99191 99195 99202 99203 99205 99211 99212 99213 99215 99221 99223 99234 99238 99234 99238 99238 99238 99238 99238 99238 99234 99238	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Heath Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application Of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour Assembly And Operation Of Heart-Lung Machine, 45 Minutes Assembly And Operation Of Heart-Lung Machine, 30 Minutes Phlebotomy, Therapeutic (Separate Procedure) New Patient Outpatient Visit, Total Time 15-29 Minutes New Patient Outpatient Visit, Total Time 5-39 Minutes New Patient Outpatient Visit, Total Time 45-59 Minutes New Patient Outpatient Visit, Total Time 60-74 Minutes Stabilished Patient Outpatient Visit, Total Time 10-19 Minutes Estabilished Patient Outpatient Visit, Total Time 20-29 Minutes Estabilished Patient Outpatient Visit, Total Time 30-39 Minutes Estabilished Patient Outpatient Visit, Total Time 30-39 Minutes Estabilished Patient Outpatient Visit, Total Time 30-39 Minutes Estabilished Patient Outpatient Visit, Total Time 45-54 Minutes Estabilished Patient Outpatient Visit, Total Time 45-54 Minutes Estabilished Patient Outpatient Visit, Total Time 30-39 Minutes Estabilished Patient Outpatient Care, Typically 30 Minutes Per Day Initial Hospital Inpatient Care, Typically 50 Minutes Per Day Initial Hospital Inpatient Care, Typically 50 Minutes Per Day Subsequent Hospital Inpatient Care, Typically 35 Minutes Per Day Hospital Observation Or Inpatient Care Moderate Severity, 50 Minutes Per Day Hospital Observation Or Inpatient Care Moderate Severity, 50 Minutes Per Day Hospital Doservation Or Inpatient Care Moderate Severity, 50 Minutes Per Day Hospital Doservation Or Inpatient Care Moderate Severity, 50 Minutes Per Day Hospital Doservation Or Inpatient Care Moderate Severity, 50 Minutes Per Day Hospital Discharge Day Management, 30 Minutes Per Day Hospi	\$27.58 Price By Report \$108.16 \$223.74 \$32.20 \$123.88 \$70.28 \$51.90 \$87.28 \$63.63 \$94.58 \$134.32 \$171.32 \$20.48 \$38.71 \$62.22 \$88.05 \$123.57 \$87.41 \$121.57 \$157.06 \$33.97 \$138.96 \$167.99 \$215.02 \$70.48 \$96.22 \$90.11 \$119.09 \$169.29 \$219.15	PA Required
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99255 Inpatient Hospital Consultation, Typically 110 Minutes \$209.03	99175 99175 99177 99183 99184 99188 99190 99191 99192 99203 99203 99204 99205 99211 99212 99221 99223 99231 99221 99233 99234 99235 99236 99238 99238 99239 99244 99245 99245 99253	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison Instrument Based Eye Screening Of Both Eyes With Analysis Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session Initiation Of Lowering Head Or Total Body Temperature In Neonate Application of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour Assembly And Operation Of Heart-Lung Machine, 45 Minutes Assembly And Operation Of Heart-Lung Machine, 30 Minutes Phlebotomy, Therapeutic (Separate Procedure) New Patient Outpatient Visit, Total Time 15-29 Minutes New Patient Outpatient Visit, Total Time 5-29 Minutes New Patient Outpatient Visit, Total Time 45-59 Minutes New Patient Outpatient Visit, Total Time 60-74 Minutes Stabilished Patient Outpatient Visit, Total Time 10-19 Minutes Established Patient Outpatient Visit, Total Time 20-39 Minutes Established Patient Outpatient Visit, Total Time 20-39 Minutes Established Patient Outpatient Visit, Total Time 40-54 Minutes Established Patient Outpatient Visit, Total Time 40-54 Minutes Established Patient Outpatient Visit, Total Time 40-54 Minutes Initial Hospital Inpatient Care, Typically 30 Minutes Per Day Initial Hospital Inpatient Care, Typically 30 Minutes Per Day Initial Hospital Inpatient Care, Typically 30 Minutes Per Day Subsequent Hospital Inpatient Care, Typically 25 Minutes Per Day Hospital Observation Or Inpatient Care Low Severity, 40 Minutes Per Day Hospital Observation Or Inpatient Care High Severity, 55 Minutes Per Day Hospital Observation Or Inpatient Care High Severity, 55 Minutes Per Day Hospital Discharge Day Management, More Than 30 Minutes Patient Office Consultation, Typically 30 Minutes Patient Office Consultation, Typically 60 Minutes Patient Office Consultation, Typically 60 Minutes Patient Office Consultation, Typically 60 Minutes Inpatient Hospital Consultation, Typically 60 Minutes Patient Office Consultation, Typically 60 Minutes	\$27.58 Price By Report \$108.16 \$223.74 \$32.20 \$123.88 \$70.28 \$51.90 \$87.28 \$63.63 \$94.58 \$134.32 \$171.32 \$20.48 \$38.71 \$62.22 \$88.05 \$1123.57 \$87.41 \$112.57 \$157.06 \$39.04 \$62.75 \$83.97 \$157.06 \$138.96 \$167.99 \$215.02 \$70.48 \$99.11 \$119.09 \$169.29 \$211.15 \$95.25 \$95.25	PA Required
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Code	Description	Fee	Prior Auth Status
99281	Emergency Department Visit, Self Limited Or Minor Problem	\$22.07	
99282	Emergency Department Visit, Low To Moderately Severe Problem	\$38.62	
99283	Emergency Department Visit, Moderately Severe Problem	\$72.40	
99284	Emergency Department Visit, Problem Of High Severity	\$116.48	
99285	Emergency Department Visit, Problem With Significant Threat To Life Or Function	\$174.97	
	Physician Or Other Qualified Health Care Professional Direction Of Emergency Medical Systems (Ems) Emergency Care, Advanced Life		
99288	Support	\$0.01	
99291	Critical Care Delivery Critically III Or Injured Patient, First 30-74 Minutes	\$243.14	
99292	Attendance Of The Physician; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)	\$109.02	
99304	Initial Nursing Facility Visit, Typically 25 Minutes Per Day	\$69.76	
99305			
	Initial Nursing Facility Visit, Typically 35 Minutes Per Day	\$95.15	
99306	Initial Nursing Facility Visit, Typically 45 Minutes Per Day	\$117.80	
99307	Subsequent Nursing Facility Visit, Typically 10 Minutes Per Day	\$39.30	
99308	Subsequent Nursing Facility Visit, Typically 15 Minutes Per Day	\$61.20	
99309	Subsequent Nursing Facility Visit, Typically 25 Minutes Per Day	\$83.91	
99310	Subsequent Nursing Facility Visit, Typically 35 Minutes Per Day	\$90.38	
99315	Nursing Facility Discharge Day Management, 30 Minutes Or Less	\$70.14	
99316	Nursing Facility Discharge Management, More Than 30 Minutes	\$89.68	
99341	New Patient Home Visit, Typically 20 Minutes	\$58.17	
99342	New Patient Home Visit, Typically 30 Minutes	\$70.90	
99344	New Patient Home Visit, Typically 60 Minutes	\$165.35	
99345	New Patient Home Visit, Typically 75 Minutes Stabilished Detient Home Visit, Typically 15 Minutes	\$200.05	
99347	Established Patient Home Visit, Typically 15 Minutes	\$42.91	
99348	Established Patient Home Visit, Typically 25 Minutes	\$58.24	
99349	Established Patient Home Visit, Typically 40 Minutes	\$93.83	
99350	Established Patient Home Visit, Typically 60 Minutes	\$186.60	
99358	Prolonged Evaluation And Management Service Before And/ Or After Direct Patient Care; First Hour	\$112.96	
	Prolonged Evaluation And Management Service Before And/ Or After Direct Patient Care; Each Additional 30 Minutes (List Separately In	-	
99359	Addition To Code For Prolonged Service)	\$54.55	
99360	Prolonged Physician Standby Service, Each 30 Minutes	\$90.72	
99366	Medical Team Conference With Patient And/Or Family, And Nonphysician Health Care Professionals, 30 Minutes Or More	\$0.01	
99380	Supervision Of Nursing Facility Patient Services, 30 Minutes Or More Per Month	\$0.01	
,,,,,,,,	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History,	\$3.01	
99381	Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/ Diag	\$119.83	
99382	Initial New Patient Preventive Medicine Evaluation, Age 1 Through 4 Years	\$119.83	
99383	Initial New Patient Preventive Medicine Evaluation, Age 5 Through 11 Years	\$119.83	
	Initial New Patient Preventive Medicine Evaluation, Age 17 Through 17 Years		
99384		\$119.83	
00005	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History,	6440.00	
99385	Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/ Diag	\$119.83	
	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History,		
99386	Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/ Diag	\$69.76	
99387	Initial New Patient Preventive Medicine Evaluation, Age 65 Years And Older	\$67.06	
99391	Established Patient Periodic Preventive Medicine Examination Infant Younger Than 1 Year	\$81.59	
99392	Established Patient Periodic Preventive Medicine Examination, Age 1 Through 4 Years	\$81.59	
99393	Established Patient Periodic Preventive Medicine Examination, Age 5 Through 11 Years	\$81.59	
99394	Established Patient Periodic Preventive Medicine Examination, Age 12 Through 17 Years	\$81.59	
99395	Established Patient Periodic Preventive Medicine Examination Age 18-39 Years	\$81.59	
99396	Established Patient Periodic Preventive Medicine Examination Age 40-64 Years	\$69.76	
99397	Established Patient Periodic Preventive Medicine Examination, Age 65 Years And Older	\$69.76	
99401	Preventive Medicine Counseling, Approximately 15 Minutes	\$6.56	
99402	Pediatric Vaccine Counseling	\$5.79	
99403	Covid-19 Vaccine Counseling	\$5.79	
99406	Smoking And Tobacco Use Intermediate Counseling, Greater Than 3 Minutes Up To 10 Minutes	\$15.81	
99407	Smoking And Tobacco Use Intensive Counseling, Greater Than 10 Minutes	\$30.64	
99412	Group Preventive Medicine Counseling, Approximately 60 Minutes	Price By Report	PA Required
	Prolonged Office Or Other Outpatient Service By Clinical Staff, Each 15 Minutes Of Total Time	Price By Report	
99418	Prolonged Inpatient Or Observation Service, Each 15 Minutes Of Total Time Beyond Required Time Of Primary Service	Price By Report	
99453	Remote Monitoring of Physiologic Parameters, Initial Set-Up And Patient Education On Use of Equipment	\$19.64	
33733	Remote Monitoring Of Physiologic Parameters, Initial Supply Of Devices With Daily Recordings Or Programmed Alerts Transmission, Each 30	φ19.04	
99454	Remote informating Or Frigsbiologic Farameters, minual supply Or Devices with Daily Recordings Or Frigsbinding Alerts Transmission, Each 30 Days		
33434		\$E0 06	
	Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Paguiring Interactive	\$58.26	
00457	Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive		
99457	Communication With The Patient/Caregiver; First 20 Minutes	\$58.26 \$54.00	
	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive	\$54.00	
99458	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute	\$54.00 \$44.17	
99458 99460	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant	\$54.00 \$44.17 \$98.54	
99458 99460 99461	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center	\$54.00 \$44.17 \$98.54 \$63.34	
99458 99460	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn	\$54.00 \$44.17 \$98.54	
99458 99460 99461 99462	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30	
99458 99460 99461	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date	\$54.00 \$44.17 \$98.54 \$63.34	
99458 99460 99461 99462 99463	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59	
99458 99460 99461 99462	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30	
99458 99460 99461 99462 99463 99464	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59	
99458 99460 99461 99462 99463 99464	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73	
99458 99460 99461 99462 99463 99464 99465 99466	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73 \$166.13	
99458 99460 99461 99462 99463 99464	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73	
99458 99460 99461 99462 99463 99464 99465 99466	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output Critical Care Of Ill Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes Critical Care Of Ill Or Injured Pediatric Patient, 24 Months Or Younger Initial Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73 \$166.13	
99458 99460 99461 99462 99463 99464 99465 99466 99467	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73 \$166.13 \$266.41 \$133.80	
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99458 99460 99461 99462 99463 99464 99465 99466 99467 99468 99469	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, Per Day Subsequent Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73 \$166.13 \$266.41 \$133.80 \$987.09	
99458 99460 99461 99462 99463 99464 99465 99466 99467 99468 99469 99471 99472	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, Per Day Initial Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73 \$166.13 \$266.41 \$133.80 \$987.09 \$520.15 \$929.83 \$486.32	
99458 99460 99461 99462 99463 99464 99465 99466 99467 99469 99471 99472 99475	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger Initial Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day Subsequent Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 5 Years Of Age, Per Day	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73 \$166.13 \$266.13 \$2987.09 \$520.15 \$929.33 \$486.32 \$604.81	
99458 99460 99461 99462 99463 99464 99465 99466 99467 99468 99469 99471 99472 99475 99476	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger Initial Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day Subsequent Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 5 Years Of Age, Per Day Subsequent Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 5 Years Of Age, Per Day	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73 \$166.13 \$266.41 \$133.80 \$987.09 \$520.15 \$929.83 \$4863.25 \$604.81 \$362.92	
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99458 99460 99461 99462 99463 99464 99465 99466 99466 99471 99472 99475 99475 99477 99478	Communication With The Patient/Caregiver; First 20 Minutes Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output Critical Care Of Ill Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes Critical Care Of Ill Or Injured Pediatric Patient, 24 Months Or Younger, Per Day Subsequent Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day Subsequent Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day Subsequent Inpatient Hospital Critical Care Of Infant Or Young Child, 2 Through 5 Years Of Age, Per Day Subsequent Inpatient Hospital Critical Care Of Infant Or Young Child, 2 Through 5 Years Of Age, Per Day Subsequent Inpatient Hospital Critical Care Of Infant Or Younger, Per Day Subsequent Inpatient Hospital Critical Care Of Infant Or Younger, Per Day Subsequent Inpatient Hospital Critical Care	\$54.00 \$44.17 \$98.54 \$63.34 \$42.30 \$104.59 \$81.73 \$166.13 \$266.41 \$133.80 \$987.09 \$520.15 \$929.83 \$486.32 \$604.81 \$362.92 \$384.99 \$227.30	
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High Dose Rate Electronic Brachytherapy, External Price By Report Price	0275T	Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of		
High Dose Rate Electronic Brachytherapy, Internal Odozt Collagen Cross-Linking Treatment Of Disease Of Cornea Price By Report Laser Destruction Of Scar Tissue, First 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children S\$2.09 D537T Blood Drv T Lymphcyt Cat-T Cell Price By Report PA Required D540T Car-T Cell Admn Autologous Price By Report PA Required D540T Blood Drv T Lymphcyt Prep Tms S0.01 PA Required D549T Blood Drv T Lymphcyt Prep Tms S0.01 PA Required D549T Blood Drv T Lymphcyt Prep Tms S0.01 PA Required D549T Blood Drv T Lymphcyt Prep Tms S0.01 PA Required D549T Blood Drv T Lymphcyt Prep Tms S0.01 PA Required D549T Bone Material Quality Testing By Microindentations Of Shin Bone Insertion Of Implant Connecting Groin Artery And Groin Vein, With Radiological Supervision And Interpretation And Imaging Guidance, Via Cartheter, Accessed Through Skin Price By Report D566T Evaluation Of Toxicity Of Chemotherapy Drugs On Cancer Stem Cells Price By Report D566T Injection Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance Price By Report Price By Report Price By Report Price By Report	0278T	,		
Collagen Cross-Linking Treatment Of Disease Of Cornea Price By Report Laser Destruction Of Scar Tissue, First 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children \$437.35 Laser Destruction Of Scar Tissue, Each Additional 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children \$92.09 D537T Blood Drv T Lymphoyt Cat-T Cell Price By Report PA Required Price By Report PA Required Price By Report PA Required Price By Report PA Required Price By Report PA Required S0.01 PA Required S0.01 PA Required S0.01 PA Required S0.01 PA Required S0.01 PA Required S0.01 PA Required S0.01 PA Required S0.01 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report S0564T Catheter, Accessed Through Skin Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report				
Laser Destruction Of Scar Tissue, First 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children Laser Destruction Of Scar Tissue, First 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children \$92.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Insertion Of Implant Connecting Groin Artery And Groin Vein, With Radiological Supervision And Interpretation And Imaging Guidance, Via Catheter, Accessed Through Skin Price By Report Evaluation Of Toxicity Of Chemotherapy Drugs On Cancer Stem Cells Dis65T Harvesting Of Fatty Tissue And Creation Of Cellular Implant For Treatment Of Osteoarthritis Price By Report Insertion Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance Price By Report Price By Report Price By Report Price By Report Price By Report		0 135		PA Required
Laser Destruction Of Scar Tissue, Each Additional 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children \$92.09 Disayr Blood Drv T Lymphcyt Cat-T Cell Price By Report PA Required Disayr Car-T Cell Admn Autologous Price By Report PA Required Disayr Blood Drv T Lymphcyt Prep Trns So.01 PA Required So.01 PA Required Disayr Bone Material Quality Testing By Microindentations Of Shin Bone Price By Report Insertion Of Implant Connecting Groin Artery And Groin Vein, With Radiological Supervision And Interpretation And Imaging Guidance, Via Catheter, Accessed Through Skin Price By Report Evaluation Of Toxicity Of Chemotherapy Drugs On Cancer Stem Cells Disayr Benefit Of Toxicity Of Fatty Tissue And Creation Of Cellular Implant For Treatment Of Osteoarthritis Price By Report Injection Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance Price By Report Price By Report Injection Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance Price By Report Price By Rep	04021 0479T			r A Nequileu
Blood Drv T Lymphcyt Cat-T Cell	0480T	· · · · · · · · · · · · · · · · · · ·		
Blood Drv T Lymphcyt Prep Trns \$0.01 PA Required	0537T		Price By Report	
Receipt&Prep Car-T Cell Admn \$0.01 PA Required D547T Bone Material Quality Testing By Microindentations Of Shin Bone Insertion Of Implant Connecting Groin Artery And Groin Vein, With Radiological Supervision And Interpretation And Imaging Guidance, Via Catheter, Accessed Through Skin Price By Report Evaluation Of Toxicity Of Chemotherapy Drugs On Cancer Stem Cells Price By Report D565T Harvesting Of Fatty Tissue And Creation Of Cellular Implant For Treatment Of Osteoarthritis Price By Report D566T Injection Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance Price By Report Price By Report Price By Report Price By Report	0540T		Price By Report	PA Required
Bone Material Quality Testing By Microindentations Of Shin Bone Price By Report	0538T		\$0.01	PA Required
Insertion Of Implant Connecting Groin Artery And Groin Vein, With Radiological Supervision And Interpretation And Imaging Guidance, Via Option Catheter, Accessed Through Skin Discourse Evaluation Of Toxicity Of Chemotherapy Drugs On Cancer Stem Cells Price By Report Price By Report Option Of Fatty Tissue And Creation Of Cellular Implant For Treatment Of Osteoarthritis Price By Report Option Discourse By Report Discour	0539T			PA Required
Catheter, Accessed Through Skin Price By Report	0547T	, , ,	Price By Report	
Evaluation Of Toxicity Of Chemotherapy Drugs On Cancer Stem Cells Price By Report	0552T		Drice By Donort	
D365T Harvesting Of Fatty Tissue And Creation Of Cellular Implant For Treatment Of Osteoarthritis Price By Report D366T Injection Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance Price By Report	0564T			
Dig Injection Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance Price By Report	0565T	, ,, ,,		
	0566T	Injection Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance		
	0568T	Introduction Of Saline And Air Into Fallopian Tubes To Test For Blockage	Price By Report	

Code	Description	Fee	Prior Auth Status
	Repair Of Valve Between Upper Right And Lower Right Chambers Of Heart (Tricuspid Valve) Using Prosthesis Delivered Via Catheter,		
0569T	Accessed Through Skin; Initial Prosthesis	Price By Report	
00001	Repair Of Valve Between Upper Right And Lower Right Chambers Of Heart (Tricuspid Valve) Using Prosthesis Delivered Via Catheter,	T HOC By Proport	
05707		Dalas Da Damasi	
0570T	Accessed Through Skin; Each Additional Prosthesis	Price By Report	
0571T	Insertion Or Replacement Of Implantable Cardioverter-Defibrillator System With Electrodes Under Breastbone	Price By Report	
0572T	Insertion Of Implantable Defibrillator Electrode Under Breastbone	Price By Report	
0573T	Removal Of Implantable Defibrillator Electrode From Under Breastbone	Price By Report	
0574T	Repositioning Of Previously Implanted Defibrillator Electrode Under Breastbone	Price By Report	
	In-Person Programming Device Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis,		
0575T	Review And Report	Price By Report	
	In-Person Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis,	, , , , ,	
0576T	Review And Report	Price By Report	
00701	Electrophysiological Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis, Review And	T HOC By Proport	
0577T	Report	Price By Report	
0577T	Remote Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Lead Under Breastbone, With Analysis, Review	Flice by Report	
0578T	And Report By Healthcare Professional	Price By Report	
	Remote Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Lead Under Breastbone, With Remote Data		
0579T	Acquisitions, Receipt Of Transmissions And Technician Review, Technical Support And Distribution Of Results	Price By Report	
0580T	Removal Of Implantable Defibrillator Pulse Generator From Under Breastbone	Price By Report	
0581T	Freezing Destruction Of Malignant Breast Tumors In One Breast, Accessed Through Skin	Price By Report	
0582T	High-Energy Water Vapor Heat Destruction Of Malignant Prostate Tissue, Including Imaging And Needle Guidance	Price By Report	
0583T	Insertion Of Ventilating Tube In Eardrum Using An Automated Tube Delivery System Under Local Anesthesia	\$1,813.10	
0584T	Transplantation Of Insulin-Producing Cells, Via Catheter Accessed Through Skin Using Imaging Guidance	Price By Report	
0585T	Transplantation Of Insulin-Producing Cells Using Endoscope Inserted Through Wall Of Abdomen	Price By Report	
0586T	Transplantation Of Insulin-Producing Cells, Open Procedure	Price By Report	
0587T	Implantation Of Nerve-Stimulating Device In Posterior Tibial Nerve, Accessed Through Skin	Price By Report	
0588T	Revision Or Removal Of Nerve-Stimulating Device In Posterior Tibial Nerve	Price By Report	
0589T	Electronic Analysis With Simple Programming Of Nerve-Stimulating Device In Posterior Tibial Nerve	Price By Report	
0590T	Electronic Analysis With Complex Programming Of Nerve-Stimulating Device In Posterior Tibial Nerve	Price By Report	
0594T	Incision of Upper Arm Bone And Insertion of Bone-Lengthening Device In Marrow Cavity	Price By Report	
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0596T	Initial Insertion Of Temporary Valve-Pump In Female Urethra	Price By Report	
0597T	Replacement Of Temporary Valve-Pump In Female Urethra	Price By Report	
0598T	Fluorescence Wound Imaging For Bacteria, First Anatomic Site	Price By Report	
0599T	Fluorescence Wound Imaging For Bacteria, Each Additional Anatomic Site	Price By Report	
0600T	Irreversible Electroporation Destruction Of Growths Of Internal Organ, Accessed Through Skin	Price By Report	
0601T	Irreversible Electroporation Destruction Of Growths Of Internal Organ, Open Procedure	Price By Report	
0602T	Measurement Of Kidney Filtration Rate Using Skin Sensor And Single Dose Of Fluorescent Agent	Price By Report	
0603T	Monitoring Of Kidney Filtration Rate Using Skin Sensor And Multiple Doses Of Fluorescent Agent	Price By Report	
0604T	Provision Of Device And Patient Education For Remote Oct Imaging Of Retina		
		Price By Report	
0605T	Technical Support, Data Analyses And Report Of Remote Oct Imaging Of Retina	Price By Report	
0606T	Physician Review, Interpretation And Report Of Remote Oct Imaging Of Retina	Price By Report	
0607T	Set-Up And Patient Education For Remote Monitoring Of Lung Fluid Monitoring System	Price By Report	
0608T	Data Analysis And Report Transmission To Health Care Professional For Remote Monitoring Of Lung Fluid Monitoring System	Price By Report	
0609T	Acquisition Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain	Price By Report	
0610T	Transmission Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain	Price By Report	
0611T	Analysis Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain	Price By Report	
0612T	Interpretation And Report Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain	Price By Report	
0612T	Implantation Of Shunt In Partition Between Upper Heart Chambers Via Catheter, Accessed Through Skin	Price By Report	
	,		
0614T	Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator	Price By Report	
0615T	Eye-Movement Analysis With Interpretation And Report	Price By Report	
0616T	Insertion Of Iris Prosthesis Into Eye	Price By Report	
0617T	Insertion Of Iris Prosthesis Into Eye With Removal Of Lens And Insertion Of Artificial Lens	Price By Report	
0618T	Insertion Of Iris Prosthesis Into Eye With Insertion Or Replacementof Artificial Lens	Price By Report	
0619T	Examination Of Urethra And Bladder With Incision Of Opening Of Prostate Gland And Drug Delivery Using Endoscope	Price By Report	
0620T	Insertion Of Stent To Shunt Arterial Blood To Deep Vein Of Lower Leg Via Catheter Using Imaging Guidance	Price By Report	
0621T	Laser Incision Of Drainage Tissue Within Eye (Trabecular Meshwork)	Price By Report	
0622T	Laser Incision Of Drainage Tissue Within Eye (Trabecular Meshwork) Using Ocular Endoscope	Price By Report	
JUZZ I	Preparation, Transmission And Computerized Analysis of Ct Angiography Data On Plaque In Heart Arteries, With Review, Interpretation, And	i nee by itepuit	
OCCOT	Preparation, Transmission and Computerized Analysis Of Ct Angiography Data On Plaque in Heart Arteries, with Review, Interpretation, and Report	Drice Dr. Dancet	
0623T		Price By Report	
0624T	Preparation And Transmission Of Ct Angiography Data On Plaque In Heart Arteries	Price By Report	
0625T	Computerized Analysis Of Ct Angiography Data On Plaque In Heart Arteries	Price By Report	
0626T	Review Of Computerized Analysis Of Ct Angiography Data On Plaque In Heart Arteries, With Interpretation, And Report	Price By Report	
0627T	Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin, First Level	Price By Report	
0628T	Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin, Each Additional Level	Price By Report	
0629T	Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin Using Ct Imaging Guidance, First Level	Price By Report	
	Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin Using Ct Imaging Guidance, Each	,	
0630T	Additional Level	Price By Report	
	Administration of Control of Cont		
0631T		Price By Report	
0632T	Destruction Of Nerves To Main Arteries Of Lung, Accessed Through Skin Via Catheter Using Imaging Guidance	Price By Report	
0633T	Ct Of One Breast With 3D Rendering	Price By Report	
0634T	Ct Of One Breast With Contrast And 3D Rendering	Price By Report	
0635T	Ct Of One Breast Before And After Contrast With 3D Rendering	Price By Report	
0636T	Ct Of Both Breasts With 3D Rendering	Price By Report	
0637T	Ct Of Both Breasts With Contrast And 3D Rendering	Price By Report	
0638T	Ct Of Both Breasts Before And After Contrast With 3D Rendering	Price By Report	
0639T	Wireless Skin Sensor Evaluation Of Flow In Cerebrospinal Fluid Shunt Using Ultrasound Guidance	Price By Report	
0742T	Spect Measurement Of Blood Flow To Heart Muscle	Price By Report	
0744T	Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein)	Price By Report	
0775T	Fusion Of Sacroiliac Joint Between Spine And Pelvis With Bone Graft, Accessed Through Skin Using Imaging Guidance	Price By Report	
0780T	Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract	Price By Report	
	Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstern Airway On One Side Of Body		
0781T	Using Endoscope	Price By Report	
		,port	
0782T	Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstern Airways Using Endoscope	Price By Report	
0782T 0792T	Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Appl slvr diamn fluoride 38%	Price By Report Price by Report	

Code	Description	Fee	Prior Auth Status
Code	Percutaneous Transcatheter Thermal Ablation Of Pulmonary Artery Nerves, Including Right Heart Catheterization, Pulmonary Artery	1.66	Filor Autii Status
0793T	Angiography, And All Imaging Guidance	Price By Report	
	Patient-Specific, Assistive, Rules-Based Algorithm For Ranking Cancer Drug Treatment Options Based On The Patient'S Tumor-Specific		
0794T	Cancer Marker Information Obtained From Previous Laboratory Testing Which Have Been Previously Interpreted And Reported Separately	Price By Report	
	Transcatheter Insertion Of A Permanent Dual Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Ventricular		
0797T 0800T	Pacemaker Component Transcatheter Removal Of The Right Ventricular Component Of A Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy	Price By Report Price By Report	
00001	Transcatheter Removal And Replacement of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of	Thos by Report	
0803T	Right Ventricular Component	Price By Report	
0804T	In-Person Programming Device Evaluation Of Dual-Chamber Leadless Pacemaker With Adjustment Of The Device To Test Function And To Select Optimal Permanent Values, With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional	Price By Report	
0805T	Implantation Of A Superior And Inferior Vena Cava Artificial Valve Using The Femoral Vein Through The Skin	Price By Report	
0806T	Open Implantation Of A Superior And Inferior Vena Cava Artificial Valve Using The Femoral Vein	Price By Report	
0807T	Analysis Of Lung Tissue Ventilation Using Software-Based Processing Of Cinefluorography Images And Previously Acquired Ct Images, Including Data Preparation And Transmission, Evaluation Of Lung Tissue Ventilation Data, Review, Interpretation, And Report	Price By Report	
00071	Analysis Of Lung Tissue Ventilation Using Software-Based Processing Of Cinefluorography Images And Ct Images Taken For The Purpose Of	Thos by Report	
	Lung Tissue Ventilation Analysis, Including Data Preparation And Transmission, Evaluation Of Lung Tissue Ventilation Data, Review,		
T8080	Interpretation, And Report Sacroiliac Joint Fusion, With Image Guidance, Placement Of Transfixing Device(S) And Intra-Articular Implant(S), Including Tissue Graft Or	Price By Report	
0809T	Synthetic Device(S), Through The Skin	Price By Report	
A2014		Price By Report	
A2015	Phoenix Wound Matrix, Per Square Centimeter	Price By Report	
A2016 A2017	Permeaderm B, Per Square Centimeter Permeaderm Glove, Each	Price By Report Price By Report	
A2017 A2018	Permeaderm C, Per Square Centimeter	Price By Report	
A2019	Kerecis Omega3 Marigen Shield, Per Square Centimeter	Price By Report	
A2020	Ac5 Advanced Wound System (Ac5)	Price By Report	
A2021	Neomatrix, Per Square Centimeter Supply Of Padiopharmacoutical Diagnostic Imaging Agent Technotium To 00M Madronate LIp To 20 Mg	Price By Report	
A9503 A9504	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium Tc 99M, Medronate, Up To 30 Mci Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium Tc 99M Apcitide	\$16.80 \$527.96	
A9505	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Thallous Chloride Ti 201, Per Mci	\$35.53	
A9507	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Indium In 111 Capromab Pendetide, Per Dose	\$2,586.47	
A9508	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, lobenguane Sulfate I-131, Per 0.5 Mci	Price By Report	
A9510 A9524	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium Tc99M Disofenin, Per Vial Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Iodinated I-131 Serum Albumin, 5 Microcuries	\$66.60 Price By Report	
A9526	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Ammonia N-13, Per Dose	Price By Report	
A9699	Radiopharmaceutical, Therapeutic, Not Otherwise Classified		Purchase
A9700 C1747	Supply Of Injectable Contrast Material For Use In Echocardiography, Per Study Endoscope, Single-Use (I.E. Disposable), Urinary Tract, Imaging/Illumination Device (Insertable)	\$275.63 Price By Report	Purchase
01747	Generator, Neurostimulator (Implantable), Includes Closed Feedback Loop Leads And All Implantable Components, With Rechargeable Battery	1 nee by repen	
C1826	And Charging System	Price By Report	
C1827	Generator, Neurostimulator (Implantable), Non-Rechargeable, With Implantable, Stimulation, Lead, And External Paired Stimulation Controller	Price By Report	
C1827 C1831	Generator, Neurostimulator (Implantable), Non-Rechargeable, With Implantable Stimulation Lead And External Paired Stimulation Controller Personalized, Anterior And Lateral Interbody Cage (Implantable)	Price By Report Price By Report	
C1831 C1832	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components	Price By Report Price By Report	
C1831 C1832 C1833	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable)	Price By Report Price By Report Price By Report	
C1831 C1832	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components	Price By Report Price By Report	
C1831 C1832 C1833	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg, Subfacial) Drug-Delivery Device(S)	Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When	Price By Report Price By Report Price By Report \$1.09	
C1831 C1832 C1833 C2623	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg, Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use	Price By Report Price By Report Price By Report \$1.09	
C1831 C1832 C1833 C2623 C7500	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg., Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic	Price By Report Price By Report Price By Report \$1.09 Price By Report	
C1831 C1832 C1833 C2623 C7500	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg., Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg., Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic	Price By Report Price By Report Price By Report \$1.09 Price By Report	
C1831 C1832 C1833 C2623 C7500	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg., Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or	Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg., Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg., Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance	Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg, Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy, Use Appropriate Code) Open Biopsy or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Bodies and Bone Biopsies Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), Unilateral Or Bilateral	Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insention Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg., Mapping) Of Sentinel Lymph Node(S) Including Injection of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation	Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg., Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbosacral And Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), Unilateral Or	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg, Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbos And Bone Biopsies Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), Unilateral Or Bilateral Cannulations, Inclusive Of All Imaging Guidance	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg., Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), Unilateral Or Bilateral Cannulations, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Lumba	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbaccal And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Lumbar And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mec	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg, Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbos All Performed Performed Or All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Includi	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7506 C7506 C7507 C7508 C7509	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg, Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg,	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7506 C7506 C7507 C7508 C7509	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subtacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Includ	Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7506 C7507 C7508 C7509 C7510	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg. Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg.	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7506 C7507 C7508 C7509 C7510	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiace, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S)) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg., Clip, Metallic Pellet), When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg., Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7506 C7507 C7508 C7509 C7510	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograff Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, And Imaging Of The Biopsy Specimen, When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Previous Of Deep Cervical Node(S) With Intraoperative Identification (Eg. Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg. Kyphoplasty), Unilateral Or Bilateral Cannulations, Inclusive Of All Imaging Guidance Bronchoscopy, Rigid O	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7506 C7507 C7508 C7509 C7510	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debriddement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg. Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Curvicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg, Kyp	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1832 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506 C7506 C7507 C7508 C7509 C7510	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debriddement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg. Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg, Kyphopla	Price By Report Price By Report	
C1831 C1832 C1832 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506 C7506 C7507 C7508 C7509 C7510	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograft Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debriddement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotatic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Of Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg. Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbosacral Independent Performed (Performed) Using Mechanical Device (Eg, Kyphopla	Price By Report Price By Report Price By Report \$1.09 Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report Price By Report	
C1831 C1832 C1832 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506 C7506 C7507 C7508 C7509 C7510	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograff Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debriddment, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg. Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Lumbar And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg., Kyphoplasty), Unilateral Or Bilateral C	Price By Report Price By Report	
C1831 C1832 C1832 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506 C7506 C7507 C7508 C7509 C7510	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograff Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debriddement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subtacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg. Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg. Kyphoplasty), Unilateral Or Bilateral Cannulations, Inclusive Of All Imaging Guida	Price By Report Price By Report	
C1831 C1832 C1833 C2623 C7500 C7501 C7502 C7503 C7504 C7505 C7506 C7507 C7508 C7509 C7510 C7511	Personalized, Anterior And Lateral Interbody Cage (Implantable) Autograff Suspension, Including Cell Processing And Application, And All System Components Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser Debriddment, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg. Subfacial) Drug-Delivery Device(S) Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg. Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg. Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation Percutaneous Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance Percutaneous Vertebral Augmentations, First Lumbar And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg., Kyphoplasty), Unilateral Or Bilateral C	Price By Report Price By Report	

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Code	Description	Fee	Prior Auth Status
	Dialysis Circuit, Introduction Of Needle(S) And/Or Catheter(S), With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct		
	Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis And Adjacent Artery Through Entire Venous Outflow Including The Inferior Or Superior Vena Cava, Fluoroscopic Guidance, With Dialysis Circuit Permanent		
	Endovascular Embolization Or Occlusion Of Main Circuit Or Any Accessory Veins, Including All Required Imaging, Radiological Supervision		
C7515	And Interpretation, Image Documentation And Report	Price By Report	
	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, With	= ,	
	Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During		
C7516	Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report	Price By Report	
	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, With		
	Iliac And/Or Femoral Artery Angiography, Non-Selective, Bilateral Or Ipsilateral To Catheter Insertion, Performed At The Same Time As		
C7517	Cardiac Catheterization And/Or Coronary Angiography, Includes Positioning Or Placement Of The Catheter In The Distal Aorta Or Ipsilateral Femoral Or Iliac Artery, Injection Of Dye, Production Of Permanent Images, And Radiologic Supervision And Interpretation	Price By Report	
C/31/	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,	Frice by Report	
	langing Supervision And Interpretation, With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts)		
	Including Intraprocedural Injection(S) For Bypass Graft Angiography With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using		
	Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention		
C7518	Including Imaging, Supervision, Interpretation And Report	Price By Report	
	Catholic Discount in Course Administration (As) For Course Assistance in the International Internation (C) For Course Assistance		
	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts)		
	Including Intraprocedural Injection(S) For Bypass Graft Angiography With Intrascular Doppler Velocity And/Or Pressure Derived Coronary		
C7519	Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress	Price By Report	
	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,	, ,	
	Imaging Supervision And Interpretation, With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts)		
	Includes Intraprocedural Injection(S) For Bypass Graft Angiography With Iliac And/Or Femoral Artery Angiography, Non-Selective, Bilateral Or		
	Ipsilateral To Catheter Insertion, Performed At The Same Time As Cardiac Catheterization And/Or Coronary Angiography, Includes Positioning		
C7520	Or Placement Of The Catheter In The Distal Aorta Or Ipsilateral Femoral Or Iliac Artery, Injection Of Dye, Production Of Permanent Images, And Radiologic Supervision And Interpretation	Price By Report	
J1 J2U	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography With	т пое ву кероп	
	Right Heart Catheterization With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical		
	Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And		
C7521	Report	Price By Report	
	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,		
	Imaging Supervision And Interpretation With Right Heart Catheterization, With Intravascular Doppler Velocity And/or Pressure Derived		
C7522	Coronary Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress	Price By Report	
C/322	Olless	Frice by Report	
	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,		
	Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When		
	Performed, With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence		
C7523	Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report	Price By Report	
	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,		
	Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When		
C7524	Performed, With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress	Price By Report	
07324	Grany During Colonialy Angiography moduling Finantiacologically induced Circuit	Trice by Report	
	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,		
	Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When		
	Performed, Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) With Bypass Graft Angiography With		
07505	Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During	D: D.D.	
C7525	Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,	Price By Report	
	Carriele Fracement in Commany Arietynes) For Commany Angiography, including interprocedural injection(s) For Commany Angiography, Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(s) For Left Ventriculography, When		
	Performed, Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) With Bypass Graft Angiography With		
	Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During		
C7526	Coronary Angiography Including Pharmacologically Induced Stress	Price By Report	
	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,		
	Imaging Supervision And Interpretation, With Right And Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or		
	veriniculography, when Ferinned, with Endodramia magning or militar Coloniary vesser of Oran Osing mitavascular bittasouria (was) Of Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision,		
C7527	Interpretation And Report	Price By Report	
	Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,	, ,	
	Imaging Supervision And Interpretation, With Right And Left Heart Catheterization Including Intraprocedural Injection(S) For Left		
07500	Ventriculography, When Performed, With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial	D.: 5. 5.	
C7528	Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography,	Price By Report	
	Catheter Placement in Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Ilmaging Supervision And Interpretation, With Right And Left Heart Catheterization Including Intraprocedural Injection(S) For Left		
	Integring Supervision And interpretation, with Night And Lett Teach Catheter and Catheter International Interpretation (S) to Lett Wentficulography, When Performed, Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) With Bypass		
	Graft Angiography With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial Coronary Vessel		
C7529	Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress	Price By Report	
	Dialysis Circuit, Introduction of Needle(S) And/Or Catheter(S), With Diagnostic Angiography of The Dialysis Circuit, Including All Direct		
	Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis And Adjacent Artery Through Entire Venous Outflow Including The Inferior Or Superior Vena Cava, Fluoroscopic Guidance, With Transluminal Balloon Angioplasty,		
	Peripheral Dialysis Segment, Including All Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty And		
	All Angioplasty In The Central Dialysis Segment, With Transcatheter Placement Of Intravascular Stent(S), Central Dialysis Segment,		
C7530	Performed Through Dialysis Circuit, Including All Imaging, Radiological Supervision And Interpretation, Documentation And Report	Price By Report	
	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(les), Unilateral, With Transluminal Angioplasty With		
C7E24	Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological	Drice Dy Dane	
C7531	Supervision And Interpretation Transluminal Balloon Angioplasty (Except Lower Extremity Artery(les) For Occlusive Disease, Intracranial, Coronary, Pulmonary, Or Dialysis	Price By Report	
	Transiuminal Bailoon Angiopiasty (Except Lower Extremity Artery(les) For Occiusive Disease, Intracranial, Coronary, Pulmonary, Or Dialysis Circuit), Initial Artery, Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretation Necessary To Perform The		
	Angioplasty Within The Same Artery, With Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic Evaluation And/Or		
C7532	Therapeutic Intervention, Including Radiological Supervision And Interpretation	Price By Report	
	Percutaneous Transluminal Coronary Angioplasty, Single Major Coronary Artery Or Branch With Transcatheter Placement Of Radiation		
C7533	Delivery Device For Subsequent Coronary Intravascular Brachytherapy	Price By Report	
l	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(les), Unilateral, With Atherectomy, Includes Angioplasty		
C7534	Within The Same Vessel, When Performed With Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation	Price By Report	
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Code	Description	Fee	Bries Auth Status
Code	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(les), Unilateral, With Transluminal Stent Placement(S),	ree	Prior Auth Status
	Includes Angioplasty Within The Same Vessel, When Performed, With Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic		
C7535	Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation Insertion Of New Or Replacement Of Permanent Pacemaker With Atrial Transvenous Electrode(S), With Insertion Of Pacing Electrode,	Price By Report	
	Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Debribnillator Or Pacemake Pulse Generator (Eg., For		
C7537	Upgrade To Dual Chamber System)	Price By Report	
	Insertion Of New Or Replacement Of Permanent Pacemaker With Ventricular Transvenous Electrode(S), With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defribrillator Or Pacemaker Pulse Generator (Eq. For		
C7538	Upgrade To Dual Chamber System)	Price By Report	
	Insertion Of New Or Replacement Of Permanent Pacemaker With Atrial And Ventricular Transvenous Electrode(S), With Insertion Of Pacing		
C7539	Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse Generator (Eg, For Upgrade To Dual Chamber System)	Price By Report	
	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator, Dual Lead System, With Insertion Of	,	
C7E40	Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse	Dries Dr. Denest	
C7540	Generator (Eg, For Upgrade To Dual Chamber System) Diagnostic Endoscopic Retrograde Cholangiopancreatography (Ercp), Including Collection Of Specimen(S) By Brushing Or Washing, When	Price By Report	
C7541	Performed, With Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S)	Price By Report	
07540	Endoscopic Retrograde Cholangiopancreatography (Ercp) With Biopsy, Single Or Multiple, With Endoscopic Cannulation Of Papilla With Direct	Data a Day Day and	
C7542	Visualization Of Pancreatic/Common Bile Ducts(S) Endoscopic Retrograde Cholangiopancreatography (Ercp) With Sphincterotomy/Papillotomy, With Endoscopic Cannulation Of Papilla With	Price By Report	
C7543	Direct Visualization Of Pancreatic/Common Bile Ducts(S)	Price By Report	
07544	Endoscopic Retrograde Cholangiopancreatography (Ercp) With Removal Of Calculi/Debris From Biliary/Pancreatic Duct(S), With Endoscopic	0.00	
C7544	Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S) Percutaneous Exchange Of Biliary Drainage Catheter (Eg, External, Internal-External, Or Conversion Of Internal-External To External Only),	Price By Report	
	With Removal Of Calculi/Debris From Biliary Duct(S) And/Or Gallbladder, Including Destruction Of Calculi By Any Method (Eg, Mechanical,		
07545	Electrohydraulic, Lithotripsy) When Performed, Including Diagnostic Cholangiography(les) When Performed, Imaging Guidance (Eg,	Data a Da Danasa	
C7545	Fluoroscopy), And All Associated Radiological Supervision And Interpretation	Price By Report	
	Removal And Replacement Of Externally Accessible Nephroureteral Catheter (Eg, External/Internal Stent) Requiring Fluoroscopic Guidance,		
C7546	With Ureteral Stricture Balloon Dilation, Including Imaging Guidance And All Associated Radiological Supervision And Interpretation Convert Nephrostomy Catheter To Nephroureteral Catheter, Percutaneous Via Pre-Existing Nephrostomy Tract, With Ureteral Stricture Balloon	Price By Report	
	Dialation, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy)		
C7547	And All Associated Radiological Supervision And Interpretation	Price By Report	
	Exchange Nephrostomy Catheter, Percutaneous, With Ureteral Stricture Balloon Dilation, Including Diagnostic Nephrostogram And/Or		
C7548	Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation	Price By Report	
	Change Of Ureterostomy Tube Or Externally Accessible Ureteral Stent Via Ileal Conduit With Ureteral Stricture Balloon Dilation, Including	,	
C7549	Imaging Guidance (Eg. Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation	Price By Report	
C7550	Cystourethroscopy, With Biopsy(les) With Adjuctive Blue Light Cystoscopy With Fluorescent Imaging Agent Excision Of Major Peripheral Nerve Neuroma, Except Sciatic, With Implantation Of Nerve End Into Bone Or Muscle	Price By Report Price By Report	
C/331	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging	гисе ву кероп	
	Supervision And Interpretation; With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) Including		
	Intraprocedural Injection(S) For Bypass Graft Angiography And Right Heart Catheterization With Intravascular Doppler Velocity And/Or		
C7552	Pressure Derived Coronary Flow Reserve Measurement (Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress, Initial Vessel	Price By Report	
	Supervision And Interpretation; With Right And Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography,	, , ,	
	When Performed, Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) With Bypass Graft Angiography		
	With Pharmacologic Agent Administration (Eg, Inhaled Nitric Oxide, Intravenous Infusion Of Nitroprusside, Dobutamine, Milrinone, Or Other Agent) Including Assessing Hemodynamic Measurements Before, During, After And Repeat Pharmacologic Agent Administration, When		
C7553	Performed	Price By Report	
C7554	Cystourethroscopy With Adjunctive Blue Light Cystoscopy With Fluorescent Imaging Agent	Price By Report	
C7555 C9739	Thyroidectomy, Total Or Complete With Parathyroid Autotransplantation Cystourethroscopy, With Insertion Of Transprostatic Implant; 1 To 3 Implants	Price By Report	
C9739	Cystourethroscopy, With Insertion Of Transprostatic Implant; 4 Or More Implants	\$1,273.21 \$2,901.93	
C9779	Endoscopic Submucosal Dissection (Esd), Including Endoscopy Or Colonoscopy, Mucosal Closure, When Performed	Price By Report	
	Gastric Restrictive Procedure, Endoscopic Sleeve Gastroplasty, With Esophagogastroduodenoscopy And Intraluminal Tube Insertion, If		PA Required
C9784	Performed, Including All System And Tissue Anchoring Components Endoscopic Outlet Reduction, Gastric Pouch Application, With Endoscopy And Intraluminal Tube Insertion, If Performed, Including All System	Price By Report	. /
C9785	And Tissue Anchoring Components	Price By Report	PA Required
	Echocardiography Image Post Processing For Computer Aided Detection Of Heart Failure With Preserved Ejection Fraction, Including	•	
	Interpretation And Report Coatric Flortrophysiology Mapping With Simultaneous Patient Symptom Profiling	Price By Report	
C9787 D9222	Gastric Electrophysiology Mapping With Simultaneous Patient Symptom Profiling Deep Sedation/General Anesthesia - First 15 Minutes	Price By Report \$117.26	
D9222 D9223	Deep Sedation/General Anesthesia - Frist 15 Minutes Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$117.26	
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$89.70	
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$89.70	
G0101	Cervical Or Vaginal Cancer Screening; Pelvic And Clinical Breast Examination	\$47.06	
G0102 G0104	Prostate Cancer Screening; Digital Rectal Examination Colorectal Cancer Screening; Flexible Sigmoidoscopy	\$22.03 \$178.74	
G0104	Colorectal Cancer Screening; Colonoscopy On Individual At High Risk	\$500.58	
G0106	Colorectal Cancer Screening; Alternative To G0104, Screening Sigmoidoscopy, Barium Enema	\$281.83	
	Glaucoma Screening For High Risk Patients Furnished By An Optometrist Or Ophthalmologist	\$60.07	
G0118 G0120	Glaucoma Screening For High Risk Patient Furnished Under The Direct Supervision Of An Optometrist Or Ophthalomologist Colorectal Cancer Screening; Alternative To G0105, Screening Colonoscopy, Barium Enema.	\$40.34 \$221.33	
	Colorectal Cancer Screening, Alternative To Go Tos, Screening Colorioscopy, Barlain Eriema. Colorectal Cancer Screening; Colonoscopy On Individual Not Meeting Criteria For High Risk	\$365.63	
		\$8.28	
G0128	Facility, Each 10 Minutes Beyond The First 5 Minutes		
G0128 G0129	Hospitalization Treatment Program, Per Session (45 Minutes Or More)	Price By Report	
G0129	Hospitalization Treatment Program, Per Session (45 Minutes Or More) Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist,		
G0129 G0130	Hospitalization Treatment Program, Per Session (45 Minutes Or More) Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist, Heel)	\$34.57	
G0129 G0130	Hospitalization Treatment Program, Per Session (45 Minutes Or More) Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist,		
G0129 G0130 G0151 G0152 G0153	Hospitalization Treatment Program, Per Session (45 Minutes Or More) Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist, Heel) Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 Minutes Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each 15 Minutes Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, Each 15 Minutes	\$34.57 \$28.53	
G0129 G0130 G0151 G0152 G0153 G0155	Hospitalization Treatment Program, Per Session (45 Minutes Or More) Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist, Heel) Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 Minutes Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each 15 Minutes Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, Each 15 Minutes Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes	\$34.57 \$28.53 \$28.53 \$22.62 \$31.32	
G0129 G0130 G0151 G0152 G0153	Hospitalization Treatment Program, Per Session (45 Minutes Or More) Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist, Heel) Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 Minutes Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each 15 Minutes Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, Each 15 Minutes Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes	\$34.57 \$28.53 \$28.53 \$22.62	
G0129 G0130 G0151 G0152 G0153 G0155 G0156	Hospitalization Treatment Program, Per Session (45 Minutes Or More) Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist, Heel) Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 Minutes Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each 15 Minutes Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, Each 15 Minutes Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes	\$34.57 \$28.53 \$28.53 \$22.62 \$31.32	

Code	Description	Fee	Prior Auth Status
	Services Performed By A Qualified Occupational Therapist, In The Home Health Setting, In Establishment/Delivery Of O.T. Maintenance		
G0160	Program, Each 15 Min	Price By Report	
G0166	External Counterpulsation, Per Treatment Session	\$104.12	
G0175	Scheduled Interdisciplinary Team Conference (Minimum Of Three Exclusive Of Patient Care Nursing Staff) With Patient Present	• •	
G0175		Price By Report	
	Destruction Of Localized Lesion Of Choroid (For Example, Choroidal Neovascularization); Photocoagulation, Feeder Vessel Technique (One Or		
G0186	More Sessions)	Price By Report	
	Therapeutic Procedures To Increase Strength Or Endurance Of Respiratory Muscles, Face To Face, One On One, Each 15 Minutes (Includes		
G0237	Monitoring)	\$9.60	
	Therapeutic Procedures To Improve Respiratory Function, Other Than Described By G0237, One On One, Face To Face, Per 15 Minutes		
G0238	(Includes Monitoring)	\$9.60	
	Therapeutic Procedures To Improve Respiratory Function Or Increase Strength Or Endurance Of Respiratory Muscles, Two Or More		
G0239	Individuals (Includes Monitoring)	\$12.21	
	Prostate Brachytherapy Using Permanently Implanted Palladium Seeds, Including Transperitoneal Placement Of Needles Or Catheters Into	*	
G0256	The Prostate, Cystoscopy And Application Of Permanent Interstitial Radiation Source	Price By Report	
00200	Unscheduled Or Emergency Dialysis Treatment For An Esrd Patient In A Hospital Outpatient Department That Is Not Certified As An Esrd	Trice by Report	
00057		Duine Du Denest	
G0257	Facility	Price By Report	
G0259	Injection Procedure For Sacroiliac Joint; Arthrograpy	Price By Report	
G0260	Injection Procedure For Sacroillac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent And Arthrography	Price By Report	
G0268	Removal Of Impacted Cerumen (One Or Both Ears) By Physician On Same Date Of Service As Audiologic Function Testing	\$52.79	
	Placement Of Occlusive Device Into Either A Venous Or Arterial Access Site, Post Surgical Or Interventional Procedure (E.G. Angioseal Plug,		
G0269	Vascular Plug)	Price By Report	
	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval		PA Required
	lliac Artery Angiography Performed At The Same Time Of Cardiac Catheterization, Includes Catheter Placement, Injection Of Dye, Radiologic	*	
G0278	Supervision And Interpretation And Production Of Images (List Separately In Addition To Primary Procedure)	\$11.92	
		\$34.66	
G0288	Reconstruction, Computed Tomographic Angiography Of Aorta For Surgical Planning For Vascular Surgery	\$34.66	
00000	Noncovered Surgical Procedure(S) Using Conscious Sedation, Regional, General Or Spinal Anesthesia In A Medicare Qualifying Clinical Trial,	D.: 5 =	
G0293	Per Day	Price By Report	
G0294	Noncovered Procedure(S) Using Either No Anesthesia Or Local Anesthesia Only, In A Medicare Qualifying Clinical Trial, Per Day	Price By Report	
G0298	Insertion Of Dual Chamber Pacing Cardioverter Defibrillator Pulse Generator	Price By Report	
G0299	Direct Skilled Nursing Services Of A Registered Nurse (Rn) In The Home Health Or Hospice Setting, Each 15 Minutes	\$21.42	
G0299	Direct Skilled Nursing Services of A Registered Naise (Kri) in The Home Health Or Hospice Setting, Each 15 Minutes Direct Skilled Nursing Services Of A Licensed Practical Nurse (Lpn) In The Home Health Or Hospice Setting, Each 15 Minutes	\$17.82	
G0300	, , ,	\$17.82	
	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, Complete Course Of Services, To Include A Minimum Of 16 Days Of		
G0302	Services	Price By Report	
G0303	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, 10 To 15 Days Of Services	Price By Report	
G0304	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, 1 To 9 Days Of Services	Price By Report	
G0305	Post-Discharge Pulmonary Surgery Services After Lvrs, Minimum Of 6 Days Of Services	Price By Report	
00000	Immunization Counseling By A Physician Or Other Qualify Ed Health Care Professional When The Vaccine(S) Is Not Administered On The	T HOO By Troport	
G0312	Same Date of Service For Ages Under 21, 5 To 15 Mins Time (This Code Is Used For Medicaid Billing Purposes)	\$5.79	
G0312		\$3.79	
_	Immunization Counseling By A Physician Or Other Qualified Health Care Professional When The Vaccine(S) Is Not Administered On The		
G0313	Same Date Of Service For Ages Under 21, 16-30 Mins Time (This Code Is Used For Medicaid Billing Purposes)	\$11.57	
	Immunization Counseling By A Physician Or Other Qualified Health Care Professional For Covid-19, Ages Under 21, 16-30 Mins Time (This		
G0314	Code Is Used For The Medicaid Early And Periodic Screening, Diagnostic, And Treatment Benefit (Epsdt)	\$11.57	
	Immunization Counseling By A Physician Or Other Qualified Health Care Professional For Covid-19, Ages Under 21, 5-15 Mins Time (This		
G0315	Code Is Used For The Medicaid Early And Periodic Screening, Diagnostic, And Treatment Benefit (Epsdt)	\$5.51	
	Prolonged Hospital Inpatient Or Observation Care Evaluation And Management Service(S) Beyond The Total Time For The Primary Service		
	(When The Primary Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The		
	(With the Timery Service Ties Seein Seeing Seeing Timer See Control Timery Service), Learn Adultion To City Codes 99223,		
	99233, And 99236 For Hospital Inpatient Or Observation Care Evaluation And Management Services). (Do Not Report G0316 On The Same		
	Date Of Service As Other Prolonged Services For Evaluation And Management 99358, 99359, 99418, 99415, 99416). (Do Not Report G0316		
G0316	For Any Time Unit Less Than 15 Minutes)	\$27.89	
	Prolonged Nursing Facility Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary		
	Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The Physician Or Qualified		
	Healthcare Professional, With Or Without Direct Patient Contact (List Separately In Addition To Cpt Codes 99306, 99310 For Nursing Facility		
	Evaluation And Management Services). (Do Not Report G0317 On The Same Date Of Service As Other Prolonged Services For Evaluation		
G0317	And Management 99358, 99359, 99418). (Do Not Report G0317 For Any Time Unit Less Than 15 Minutes)	\$27.89	
	Prolonged Home Or Residence Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary		
	Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The Physician Or Qualified		
	Healthcare Professional, With Or Without Direct Patient Contact (List Separately In Addition To Cpt Codes 99345, 99350 For Home Or		
	Residence Evaluation And Management Services). (Do Not Report G0318 On The Same Date Of Service As Other Prolonged Services For		
G0340	Residence Evaluation and wanagement 99358, 99359, 99417). (Do Not Report G0318 For Any Time Unit Less Than 15 Minutes)	\$27.28	
90318		\$21.28	
00000	Facility Services For Dental Rehabilitation Procedure(S) Performed On A Patient Who Requires Monitored Anesthesia (E.G., General,	D-1 D-2	
G0330	Intravenous Sedation (Monitored Anesthesia Care) And Use Of An Operating Room	Price By Report	
G0339	Fractionated Treatment	Price By Report	
G0340	Fractionated Treatment, All Lesions, Per Session, Second Through Fifth Sessions, Maximum Five Sessions Per Course Of	Price By Report	
G0341	Percutaneous Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion	\$1,654.43	
G0342	Laparoscopy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion	\$672.51	
G0343	Laparotomy For Islet Cell Transplant, Includes Portal Vein Cathetrization And Infusion	\$1,102.92	
	Laparounny To inside Cert mansplant, includes Fortal verification And militarion. Hospital Observation Service, Per Hour		
G0378	•	Price By Report	
G0379	Direct Admission Of Patient For Hospital Observation Care	Price By Report	
G0398	Respiratory Effort And Oxygen Saturation	Price By Report	
G0400	Home Sleep Test (Hst) With Type Iv Portable Monitor, Unattended; Minimum Of 3 Channels	Price By Report	
	Electrocardiogram, Routine Ecg With 12 Leads; Tracing Only, Without Interpretation And Report, Performed As A Screening For The Initial	•	
G0404	Preventive Physical Examination	\$5.67	
	Electrocardiogram, Routine Ecg With 12 Leads; Interpretation And Report Only, Performed As A Screening For The Initial Preventive Physical	ψ0.01	
G0405	Examination	\$7.63	
	Group Psychotherapy Other Than Of A Multiple-Family Group, In A Partial Hospitalization Setting, Approximately 45 To 50 Minutes		
		Price By Report	
G0411	Interactive Group Psychotherapy, In A Partial Hospitalization Setting, Approximately 45 To 50 Minutes	Price By Report	
	Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fracture(S), Unilateral Or Bilateral For Pelvic Bone Fracture Patterns		
G0412	Which Do Not Disrupt The Pelvic Ring Includes Internal Fixation, When Performed	\$658.41	
	Percutaneous Skeletal Fixation Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns Which Disrupt The Pelvic Ring,		
G0413	Unilateral Or Bilateral, (Includes Ilium, Sacroiliac Joint And/Or Sacrum)	\$1,070.51	
G0414	Bilateral, Includes Internal Fixation When Performed (Includes Pubic Symphysis And/Or Superior/Inferior Rami)	\$1,010.92	
	Bilateral, Includes Internal Fixation, When Performed (Includes Ilium, Sacrolliac Joint And/Or Sacrum)	\$1,236.59	
G0416	Surgical Pathology, Gross And Microscopic Examinations, For Prostate Needle Biopsy, Any Method	\$336.45	
1_	Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G., As A Result Of Highly Active Antiretroviral		
G0429	Therapy)	\$91.18	
G0445	And Guidance On How To Change Sexual Behavior; Performed Semi-Annually, 30 Minutes	\$25.31	
G0449	Annual Face-To-Face Obesity Screening, 15 Minutes	Price By Report	

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Q4018 Cast Supplies, Long Arm Splint, Adult (11 Years+), Fiberglass \$15.63 Q4019 Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Plaster \$4.90 Q4020 Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Fiberglass \$7.82 Q4021 Cast Supplies, Short Arm Splint, Adult (11 Years+), Fiberglass \$7.27 Q4022 Cast Supplies, Short Arm Splint, Adult (11 Years+), Fiberglass \$13.10 Q4023 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster \$3.65 Q4024 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass \$6.55 Q4025 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Plaster \$40.41 Q4026 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass \$126.24 Q4027 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass \$20.23 Q4028 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass \$63.16	Q4016	Cast Supplies, Gauntlet Cast (Inculdes Lower Forearm And Hand), Pediatric (0-10 Years), Fiberglass		
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Q4020 Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Fiberglass \$7.82 Q4021 Cast Supplies, Short Arm Splint, Adult (11 Years+), Plaster \$7.27 Q4022 Cast Supplies, Short Arm Splint, Adult (11 Years+), Fiberglass \$13.10 Q4023 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster \$3.65 Q4024 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass \$6.55 Q4025 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Plaster \$40.41 Q4026 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass \$126.24 Q4027 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Piaster \$20.23 Q4028 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass \$63.16				
Q4021 Cast Supplies, Short Arm Splint, Adult (11 Years+), Plaster \$7.27 Q4022 Cast Supplies, Short Arm Splint, Adult (11 Years+), Fiberglass \$13.10 Q4023 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster \$3.65 Q4024 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass \$6.55 Q4025 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Plaster \$40.41 Q4026 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass \$126.24 Q4027 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster \$20.23 Q4028 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass \$63.16				
Q4022 Cast Supplies, Short Arm Splint, Adult (11 Years+), Fiberglass \$13.10 Q4023 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster \$3.65 Q4024 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass \$6.55 Q4025 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass \$40.41 Q4026 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass \$126.24 Q4027 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster \$20.23 Q4028 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass \$63.16				
Q4023 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster \$3.65 Q4024 Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass \$6.55 Q4025 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Plaster \$40.41 Q4026 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass \$126.24 Q4027 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster \$20.23 Q4028 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass \$63.16		1, 1		
Q4024Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass\$6.55Q4025Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Plaster\$40.41Q4026Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass\$126.24Q4027Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster\$20.23Q4028Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass\$63.16				
Q4025Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Plaster\$40.41Q4026Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass\$126.24Q4027Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster\$20.23Q4028Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass\$63.16				
Q4026 Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass \$126.24 Q4027 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster \$20.23 Q4028 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass \$63.16				
Q4027 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster \$20.23 Q4028 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass \$63.16				
Q4028 Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass \$63.16				
	Q4029	Cast Supplies, Long Leg Cast, Adult (11 Years+), Plaster	\$30.92	

Q4030	Description	Fee	Prior Auth Status
000	Cast Supplies, Long Leg Cast, Adult (11 Years+), Fiberglass	\$81.93	
Q4031	Cast Supplies, Long Leg Cast, Pediatric (0-10 Years), Plaster	\$15.55	
Q4032	Cast Supplies, Long Leg Cast, Pediatric (0-10 Years) Fiberglass	\$40.96	
Q4033	Cast Supplies, Long Leg Cylinder Cast, Adult (11 Years+), Plaster	\$28.85	
Q4034	Cast Supplies, Lond Leg Cylinder Cast, Adult (11 Years+), Fiberglass	\$69.73	
Q4035	Cast Supplies, Long Leg Cylinder Cast, Pediatric (0-10 Years), Plaster	\$14.42	
Q4036	Cast Supplies, Long Leg Cylinder Cast, Pediatric (0-10 Years), Fiberglass	\$38.52	
Q4037	Cast Supplies Short Leg Cast, Adult (11 Years+), Plaster	\$17.08	
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Q4038	Cast Supplies, Short Leg Cast, Adult (11 Years+), Fiberglass	\$44.34	
Q4039	Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Plaster	\$8.87	
Q4040	Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Fiberglass	\$22.19	
Q4041	Cast Supplies, Long Leg Splint, Adult (11 Years+), Plaster	\$21.53	
Q4042	Cast Supplies, Long Leg Splint, Adult (11 Years+), Fiberglass	\$36.75	
Q4043	Cast Supplies, Long Leg Splint, Pediatric (0-10 Years), Plaster	\$10.41	
Q4044	Cast Supplies, Long Leg Splint, Pediatric (0-10 Years), Fiberglass	\$18.40	
Q4045	Cast Supplies, Short Leg Splint, Adult (11 Years+), Plaster	\$12.51	
Q4046	Cast Supplies, Short Leg Splint, Adult (11 Years+), Fiberglass	\$20.10	
	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Plaster		
Q4047		\$6.24	
Q4048	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Fiberglass)	\$10.05	
Q4049	Finger Splint, Static	\$2.27	
Q4051	Splint Supplies, Miscellaneous (Includes Thermoplastics, Strapping, Fasteners, Padding And Other Supplies)	Price By Report	
S2083	Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline	Price By Report	PA Required
	Home Infusion Therapy, Catheter Care / Maintenance, Simple (Single Lumen), Includes Administrative Services, Professional Pharmacy		-
S5498	Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), Pe	\$73.23	
	Home Infusion Therapy, Catheter Care / Maintenance, Complex (More Than One Lumen), Includes Administrative Services, Professional		
S5501	Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$49.35	
S8999	Resuscitation Bag (For Use By Patient On Artificial Respiration During Power Failure Or Other Catastrophic Event)	Price By Report	
20000	Home Infusion Therapy, Total Parenteral Nutrition (Tpn); Administrative Services, Professional Pharmacy Services, Care Coordination, And All	co by resport	
S9364	Necessary Supplies And Equipment (Includes Standard Tpn Formula - Lipids, Specialty Amino Acid Formulas, Drugs, And Nu	Price By Report	PA Required
S9432	Medical Foods For Non-Inborn Errors Of Metabolism	Price By Report	
S9432	Medical Foods For Inborn Errors Of Metabolism		
59435		\$8.20	PA Required
00500	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 24 Hours; Administrative Services, Professional Pharmacy	****	
S9500	Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$284.06	
	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 12 Hours; Administrative Services, Professional Pharmacy	_	
S9501	Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$301.82	
	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 8 Hours, Administrative Services, Professional Pharmacy		
S9502	Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$346.64	
	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 6 Hours; Administrative Services, Professional Pharmacy Services,		
S9503	Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$538.62	
	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 4 Hours; Administrative Services, Professional Pharmacy Services,		
S9504	Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$505.73	
V2020	Frames, Complete	\$72.58	
V2199	Not Otherwise Classified, Single Vision Lens	\$39.86	
V2221	Lenticular Lens, Per Lens, Bifocal	\$93.67	
V2299	Specialty Bifocal (By Report)	\$59.81	
V2399	Specialty Trifocal (By Report)	\$80.83	
V2410	Variable Asphericity Lens, Single Vision, Full Field, Glass Or Plastic, Per Lens	\$128.30	
V2430	Variable Asphericity Lens, Bifocal, Full Field, Glass Or Plastic, Per Lens	\$132.00	
	Variable Aspirically Edits, Directar, 14th Polit, Grass Of Flastic, 15th Edits Contact Lens, Gas Permeable, Spherical, Per Lens		
V2510		\$124.25	
V2520	Contact Lens Hydrophilic, Spherical, Per Lens	\$104.60	
V2521	Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per Lens	\$202.58	
V2530	Contact Lens, Scleral, Per Lens (For Contact Lens Modification, See 92325)	\$249.56	
V2531	Contact Lens, Scleral, Gas Permeable, Per Lens (For Contact Lens Modification, See 92325)	\$568.96	
V2599	Contact Lens, Other Type	\$25.86	
V2623	Prosthetic Eye, Plastic, Custom	\$1,184.70	
	Polishing/Resurfacing Of Ocular Prosthesis		
V2624		\$75.94	
	Enlargement Of Ocular Prostriesis	\$75.94 \$526.01	
V2625	Enlargement Of Ocular Prosthesis	\$526.01	
V2625 V2626	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis	\$526.01 \$242.70	
V2625 V2626 V2627	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell	\$526.01 \$242.70 \$1,641.70	
V2625 V2626 V2627 V2628 V2630	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38	
V2625 V2626 V2627 V2628 V2630 V2631	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38	
V2625 V2626 V2627 V2628 V2630 V2631 V2632	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$82.97	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Posterior Chamber Intraocular Lens Posterior Chamber Intraocular Lens Prism, Glass Or Plastic. Per Lens Prism, Per Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$82.97 \$11.25	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$82.97 \$11.25	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718 V2744	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$82.97 \$11.25 \$25.98	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718 V2744 V2750	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$82.97 \$11.25 \$25.98 \$17.49	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718 V2744 V2750 V2781	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Progressive Lens, Per Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$142.99 \$82.97 \$11.25 \$25.98 \$17.49 \$19.76	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718 V2744 V2750 V2781 V2784	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$82.97 \$11.25 \$25.98 \$17.49 \$78.36	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718 V2744 V2750 V2781 V2784 V2784	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Tint, Photochromatic, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Processing, Preserving And Transporting Corneal Tissue	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$2.99 \$11.25 \$25.98 \$17.49 \$19.76 \$78.36	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718 V2744 V2750 V2781 V2784	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$82.97 \$11.25 \$25.98 \$17.49 \$78.36	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718 V2744 V2750 V2781 V2784 V2784	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Processing, Preserving And Transporting Corneal Tissue Vision Item Or Service, Miscellaneous	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$2.99 \$11.25 \$25.98 \$17.49 \$19.76 \$78.36	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718 V2744 V2750 V2781 V2784 V2784	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Processing, Preserving And Transporting Corneal Tissue Vision Item Or Service, Miscellaneous Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction,	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$2.99 \$11.25 \$25.98 \$17.49 \$19.76 \$78.36	
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2715 V2744 V2750 V2781 V2784 V2784 V2784	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Processing, Preserving And Transporting Corneal Tissue Vision Item Or Service, Miscellaneous Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction, Reception Threshold, Speech Discrim, &Acoustic Emittance Tests (Excludes Hearing Aid Asmnt) Childrencare Rehab Develop Only Lifescape	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$2.99 \$11.25 \$25.98 \$17.49 \$19.76 \$78.36	
V2625 V2626 V2627 V2628 V2630 V2631 V2715 V2715 V2718 V2744 V2750 V2781 V2784 V2785 V2799	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Processing, Preserving And Transporting Corneal Tissue Vision Item Or Service, Miscellaneous Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction,	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$82.97 \$11.25 \$25.98 \$17.49 \$19.76 \$78.36 \$36.03 Price By Report	PA Required
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2710 V2715 V2718 V2744 V2750 V2781 V2784 V2785 V2799	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Processing, Preserving And Transporting Corneal Tissue Vision Item Or Service, Miscellaneous Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction, Reception Threshold, Speech Discrim, &Acoustic Emittance Tests (Excludes Hearing Aid Asmnt) Childrencare Rehab Develop Only Lifescape	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$82.97 \$11.25 \$25.98 \$17.49 \$19.76 \$78.36 \$36.03 Price By Report	PA Required
V2625 V2626 V2627 V2628 V2630 V2631 V2632 V2715 V2715 V2718 V2744 V2750 V2781 V2781 V2785 V2799	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Prism, Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Vision Item Or Service, Miscellaneous Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acult &Tests Relating To Air Conduction, Bone Conduction, Reception Threshold, Speech Discrim, &Acoustic Emittance Tests (Excludes Hearing Aid Asmnt) Childrencare Rehab Develop Only Lifescape Hearing Aid, Monaural, Body Worn, Bone Conduction	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$142.38 \$14.99 \$82.97 \$11.25 \$25.98 \$17.49 \$19.76 \$78.36 \$36.03 Price By Report	PA Required
V2625 V2626 V2626 V2627 V2628 V2630 V2631 V2715 V2718 V2744 V2750 V2781 V2784 V2785 V2799 V5000 V5040 V5095 V5336	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Processing, Preserving And Transporting Corneal Tissue Vision Item Or Service, Miscellaneous Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction, Reception Threshold, Speech Discrim, &Acoustic Emittance Tests (Excludes Hearing Aid Asmnt) Childrencare Rehab Develop Only Lifescape Hearing Aid, Monaural, Body Worn, Bone Conduction Semi-Implantable Middle Ear Hearing Prosthesis Repair/Modification Of Augmentative Communicative System Or Device (Excludes Adaptive Hearing Aid) See 67:16:29:02.10	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$25.98 \$17.49 \$19.76 \$78.36 \$36.03 Price By Report Price By Report Price By Report	PA Required
V2625 V2626 V2626 V2627 V2628 V2630 V2631 V2715 V2715 V2718 V2744 V2750 V2781 V2784 V2785 V2799 V5000 V5040 V5036 V5366 V5362	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Processing, Preserving And Transporting Corneal Tissue Vision Item Or Service, Miscellaneous Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction, Reception Threshold, Speech Discrim, &Acoustic Emittance Tests (Excludes Hearing Aid Asmnt) Childrencare Rehab Develop Only Lifescape Hearing Aid, Monaural, Body Worn, Bone Conduction Semi-Implantable Middle Ear Hearing Prosthesis Repair/Modification Of Augmentative Communicative System Or Device (Excludes Adaptive Hearing Aid) See 67:16:29:02.10 Speech Screening	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$122.38 \$164.99 \$82.97 \$11.25 \$25.98 \$17.49 \$19.76 \$78.36 \$78.30 Price By Report Price By Report	PA Required
V2625 V2626 V2626 V2627 V2628 V2630 V2631 V2715 V2718 V2744 V2750 V2781 V2784 V2785 V2799 V5000 V5040 V5095 V5336	Enlargement Of Ocular Prosthesis Reduction Of Ocular Prosthesis Scleral Cover Shell Fabrication And Fitting Of Ocular Conformer Anterior Chamber Intraocular Lens Iris Supported Intraocular Lens Iris Supported Intraocular Lens Posterior Chamber Intraocular Lens Slab Off Prism, Glass Or Plastic. Per Lens Prism, Per Lens Press-On Lens, Fresnell Prism, Per Lens Tint, Photochromatic, Per Lens Anti-Reflective Coating, Per Lens Progressive Lens, Per Lens Lens, Polycarbonate Or Equal, Any Index, Per Lens Processing, Preserving And Transporting Corneal Tissue Vision Item Or Service, Miscellaneous Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction, Reception Threshold, Speech Discrim, &Acoustic Emittance Tests (Excludes Hearing Aid Asmnt) Childrencare Rehab Develop Only Lifescape Hearing Aid, Monaural, Body Worn, Bone Conduction Semi-Implantable Middle Ear Hearing Prosthesis Repair/Modification Of Augmentative Communicative System Or Device (Excludes Adaptive Hearing Aid) See 67:16:29:02.10	\$526.01 \$242.70 \$1,641.70 \$397.76 \$122.38 \$122.38 \$164.99 \$25.98 \$17.49 \$19.76 \$78.36 \$36.03 Price By Report Price By Report Price By Report	PA Required